

**EFFECTIVENESS OF AUM MEDITATION ON SUBJECTIVE
WELLBEING AMONG OLDER ADULTS AT SELECTED
OLD AGE HOMES, SALEM**

By

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**A DISSERTATION SUBMITTED TO
THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY, CHENNAI,
IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE
DEGREE OF MASTER OF SCIENCE IN NURSING
PSYCHIATRIC (MENTAL HEALTH) NURSING**

APRIL - 2015

CERTIFICATE

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ACKNOWLEDGEMENT

“Gratitude can transform common days into thanksgiving, turn routine jobs into joy, and change ordinary opportunities into blessing”.

I wish to express my humble and sincere gratitude to **God Almighty**, Who showered his blessing, strength, wisdom and support on the dazzling path to complete this research work in an efficient manner.

I am sincerely thankful to **Dr.K.Arthanari, M.D**, Managing Trustee,Sri Gokulam College of Nursing for his encouragement, support and for the opportunity given to complete my project confidently and competently.

It is my privilege to express a deepest sense of gratitude to our respected Principal **Prof.Dr.K.Tamizharasi, Ph.D(N)**., Sri Gokulam College of Nursing for her enduring catalytic encouragement, guidance and support without that this work would have been an unrealised distant dream.

My special thanks are extended to **Dr.C.Babu, M.D.**, Consultant Psychiatrist, Sri Gokulam Hospital, Salem, who provided me with treasured guidance and support throughout my study.

I would like to offer my special thanks to **Mrs. J. Kamini Charles, M.Sc(N)**., Vice Principal and Research Coordinator, Sri Gokulam College of Nursing, Salem for her valuable suggestions, inspirational guidance and kind support for my research.

I would like to thank **Mrs. Lalitha P, M.Sc (N)**., Professor and former HOD of Mental Health Nursing for her tremendous support and help.

I am indebted to my Guide **Mrs. S. Vanitha, M.Sc (N)**., Professor and Head of Psychiatric Nursing Department for her immense support and guidance throughout the work. I am bounded with gratitude for her constant interest, untiring guidance,

valuable suggestions, continuous support and encouragement to complete this research work.

I extend my earnest thanks to **Mrs. J.Devikanna., M.Sc(N)**, Associate professor, for her guidance, suggestion, support and motivation to make this study a feasible and a successful one.

My sincere thanks goes to **Mrs.D.Shoba Selvi, M.Sc.(N).**, **Mrs.Samaya Rani M.Sc.(N).**, **Mr.S.Nandakumar, M.Sc.(N).**, and **Mrs.Anusha, M.Sc.(N).**, Lecturers, Department of Mental Health Nursing, for their guidance and support in the process of completion of this research work.

A special note of thanks is expressed to **All M.Sc (N).**, Faculty Members Sri Gokulam College of Nursing, who rendered timely help and support to complete the study.

I extend my heartfelt gratitude to **The Manager**, Tambras old age home Salem, for having given me permission to conduct my research in your old age home.

I am thankful to **Mrs.Banumathi M.A, B.Ed, M.Phil** whose editing suggestions and precise sense of language were decisive towards the completion of this research study.

I am obliged to the **Medical and Nursing Experts** for validating the tool and content used in this study.

I would like to offer my special thanks to **Mr. Jayaseelan P.**, Librarian, Sri Gokulam College of Nursing, Salem, and the librarians of the Tamilnadu Dr. M.G.R. Medical University Chennai, NIMHANS, Bangalore for their helping hands in providing all needed literature to complete this research study.

My sincere thanks goes to all the **Study Samples**, who took part in this study, without their cooperation and readiness to assist, the study would have not been possible.

I would like to express my heartfelt gratitude to my husband **Mr.Prasanth.R.Nair** lovable parents **Mr.T.D.Pillai**, **Mrs.Usha devi** and my caring brother **Mr. Rohith** for their earnest prayers, endless patience, steadfast inspiration and support throughout my endeavor.

My sincere and heartfelt thanks goes to **Mr.Arun.G** and **Ms.Pricy Monica**, who extended their help throughout my study.

I express my profound thanks to **Mr.Arun Alexander**, **Ms.Nithya Mathew** and **Friends** who extended their help throughout my study and who have always been there to encourage and inspire me.

Once again my immense thanks go to all the **Members** who are involved directly as well as indirectly in completing my Dissertation in an amazing manner.

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ABSTRACT

This study was carried out to Evaluate the Effectiveness of AUM Meditation on Subjective Well being among Older Adults at selected Old Age Homes, Salem. The research approach adopted for this study was Quantitative research approach with quasi experimental design. The study was conducted in Tambras old age home and Vallalar Old Age Home. The sample size was 60 who were selected by non probability convenience sampling technique. A standardized subjective wellbeing inventory scale, WHO, 1992 (self reporting questionnaire) was used to assess the subjective wellbeing. For experimental group, the investigator demonstrated the AUM meditation with the mudras. The collected data were analyzed by using both descriptive and inferential statistical methods, and interpretations were made based on the objectives of the study. The study finding revealed that during pretest, in experimental group 19 (63.33%) older adults were falling into ill being, 11(36.67%) of them were moderately ill being and none of them had good sense of wellbeing. In control group, 20(66.67%) of them had ill being 10(33.33%) had moderately ill being and none of them had good senses of wellbeing. During post test in experimental group 6(20%) had ill being, 16(53.33%) had moderately ill being and 8(26.67%) had good sense of wellbeing. The mean score on level of subjective wellbeing among older adults in experimental group before intervention was 50.77 ± 9.17 and after intervention was 72.23 ± 13.42 with a mean difference of 21.46. The estimated paired-‘t’ value was 17.74 at $p \leq 0.05$ level. Hence the research hypothesis(H_1) was retained at $p \leq 0.05$ level. The mean post test score on level of subjective wellbeing among older adults in experimental group was 72.23 ± 13.42 and in control group was 58.73 ± 8.27 with a mean difference of 13.5. The estimated ‘t’ value was 4.90 which is highly significant at $p \leq 0.01$ level. Hence the research hypothesis H_2 was retained. There was significant association between the level of subjective well being among older adults and their medical illness in experimental group at $p \leq 0.05$ level and no significant association between the level of subjective wellbeing among older adults and their selected demographic variables in control group. The study concluded that AUM Meditation was effective on improving Subjective Well being among Older Adults at selected Old Age Homes.

CHAPTER - I

INTRODUCTION

The purpose of life is the expansion of happiness."

~ Maharishi Mahesh Yogi

“Older adults” means those who belong to age group of above 60 years. It describes gradual biological impairment of normal function, probably as a result of changes made to cell and structural components. These changes would consequently have a direct impact on the functional ability of organs, biological system, psychological system and ultimately the organism as a whole. **(The National Service Framework for Older People of 2011)**

Age of 60, suddenly older people reaches the retirement period. Abruptly he is unemployed, companion less, unfit, pensioned and “OLD”. During one period of his life, he managed trusts from others, bothered more for others, sweats and learned for others, gained for others. Either or not he marries, has kids, beings in a Kith and kin - he lives amongst the people and around the people. They have done their job, brought up their families by their sweats and remaining days should be for whatever appeals to them to do by them.

Multiple social, psychological and biological factors determine the level of mental health of a person at any point of time. Many older adults when grows older lose their ability to live independently because of limited mobility, chronic pain, frailty and other mental or physical problems and require some form of long-term care. Moreover, older people are more likely to experience events such as bereavement, a drop in socioeconomic status with retirement or a disability and isolation from the families. All of these factors can result in loss of independence, have loneliness and develop a risk of chronic illness with functional decline and

geriatric syndromes. Forty-three percent of Medicare beneficiaries have three or more chronic conditions such as cancer, arthritis, heart disease, respiratory disease, Alzheimer's disease, Osteoporosis, diabetes, influenza, fall and other injuries.

(Federal Interagency Forum on Age Related Statistics, 2010)

The physical changes during aging bring with them a higher health risks and greater susceptibility to psychological illness. Some of these psychological changes can cause serious cognitive and mental disorders. Wellness is viewed holistically when high levels of wellness can be maintained at all stages of life in spite of physical and even mental impairment or disability. This holistic perspective is always based on the view that physical, psychological and spiritual states interact to affect wellness **(Carlson, Harrigan, and Seeley, 1997).**

'Subjective Well-Being' abbreviated as 'SWB 'is used to measure what many think of happiness. Subjective Wellbeing includes both cognitive and emotional aspects. Cognitions about well-being include which cover overall satisfaction with life. Emotionally, happiness is an internal feeling of a person.

Subjective Well Being is not just about the positives but absence of negative situations and emotions which are also important for well-being. Feeling angry or fearful can hence reduce Subjective Well Being, as it can dwell on the problems of life.**(Ed Diener 1984)**

Life satisfaction is an important and popular aspect of subjective well-being which measures the quality of life. Other measures include happiness, morale and psychological well-being as a whole. There is scale that reflects well-being and psychological health (e.g., self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life and personal growth) based on major personality and life-span theories. **(Ryff and Keyes ,1995)**

AUM is a Sanskrit word which had three sound, “aaa, ooo and mmm.” The “aaa” sound is consider to be the beginning which denotes the first of the three primal energy sources in the conscious trilogy and project the creation of all matter, sounds and vibrations of the earth as a whole. The sound “ooo” represent the maintenance of everything that has been created and symbolises the continuity and evolvement of life in the universe. The sound “mmm” project the end of whatever has been manifested and the eventual transformation and return of consciousness to its original source. **(Sanjib Mukherjee, 2012)**

AUM sound or vibration is viewed as divine creative vibration of the whole universe. AUM sound is believed to be made by the vibration of God’s presence within us and all around us. Whenever there is vibration, there is sound and when there is sound, we train oneself to perceive and to it “hear” it and to attune one selves to it, thus with that vibrations we can feel our happiness in our mind. **(Roger Mannell, 2004)**

AUM has many names in it as a whole such as the Faithful, the Comforter Witness, the Amen or Amin, with the sound of waters and the music of the spheres. It is known as “The loveliest sound of the universe.” AUM sound also had meaning of a guide, increase our creativity and to help us continue to deepen our attunement with God. It is considered to be powerful meditation technique which bring great blessings to those who practice it regularly and faithfully.

The main aim of the AUM is to develop emotional awareness through expressing and exploring feelings. Cleaning out negative emotions such as anger and sorrow, opens the heart and makes space for more happiness and love to life. **(Ananda Sangha, 2009)**

There are substantial positive associations between psychological [health](#) and Subjective Well Being so that older people who rate their general health as "good" or

"excellent" tend to experience better Subjective Well Being compared to those who rate their health as "fair" or "poor". Good subjective well-being contributes to better psychological health. A good number of studies found that positive emotions and optimism had a beneficial impact on psychological health and general health as a whole. There is evidence that AUM interventions are successful in improving subjective well-being which can have beneficial effects on aspects of older adults health. **(Lucas et.al, 1999)**

Need for the Study

According to world population between 2000 and 2050, the proportion of the world's population over 60 years will increase from about 11% to 22%. The total number of people aged 60 years and over is expected to increase from 605 million to 2 billion. **(WHO 2012)**

According to the Indian census in 1991, the elderly population was 57 million as compared with 20 million in 1951. There has been a narrow increase in elderly persons between 1991 and 2001. By the year 2050, the number of elderly people would rise to about 324 million with India thus acquired the label of “an ageing nation” with 7.7% of its population being more than 60 years old.**(Indian Journal Of Community Medicine, 2008)**

In Tamil Nadu according to 2011 census, 10.4% of older adults contributes to total population. **(Registrar General & Census Commissioner, India Ministry of Home Affairs August 2013).**

According to recent statistics (2011) of elderly people in India, 75% of elderly persons were living in rural areas, 48.2% were women, out of whom 55% were widows, 73% of them were illiterate and dependent on physical labour, 66% of older

persons were living in a vulnerable situation without any adequate food, clothing or shelter and 90% of them have no regular source of income.

Mental health and emotional well-being are considered to be important in older age at all time of life. Neuropsychiatric disorders contribute to about 6.6% of the total disability with approximately 15% of adults aged 60 years and above who suffer from a mental disorder. It include many problem like reduced mental and cognitive ability (46.7%), memory loss(53.4%),depression(34.9% of men and 41.9% of women), loneliness and isolation(16%),dementia(62%),anxiety(3.8%)alcohol abuse(17%), **(WHO 2013)**

The number of older adults who is taking treatment for substance abuse treatment increase from 1.7 million in 2000 and 2001 to 4.4 million **(Gfroerer et al., 2003).**

Insomnia is prevalent among older adults in which 30-60 % of all older persons have complaints difficulty in falling asleep, early morning awakenings, excessive daytime sleepiness with daytime fatigue **(McCurry, 2007).**

A recent study notes that half of Alzheimer's cases worldwide are attributable to potentially modifiable risk factors such as diabetes, midlife hypertension, midlife obesity, smoking, depression, cognitive inactivity and physical inactivity. It is estimated that a 10-25 percent reduction in all seven risk factors could potentially prevent as many as 1.1-3 million Alzheimer' disease cases worldwide.**(Barnes, et al., 2011)**

According to the survey conducted in Surat city, (2008) Subjective wellbeing was assessed among geriatric population which shows that the Subjective wellbeing was 34.9% in men and 41.9% in women. The result found that the elderly people have low level Subjective wellbeing.

Meditations are generally used as measures to improve life satisfaction, positive effect and happiness which include AUM Medication, Pranayama, deep breathing exercise and yoga therapy. There has been a growing recognition of the Psychological approaches for older adults which need to be focused. **(Gatza. et al 1985)**

Smith et. al., (2002) studied that subjective well-being may decline in old age (especially among the oldest old) with debilitating health conditions, functional impairments and personal losses. It also view that increase risk of frailty, loss of functional capacity and poor health during older age may place constraints on life satisfaction.

High levels of wellness can be maintained at every stages of life in spite of physical and mental impairment or disability, especially when wellness is viewed holistically. Hence, holistic perspective is based on the view that psychological, physical and spiritual states interact to affect wellness of older individual by the practise of AUM meditation. **(Carlson, Harrigan, & Seeley, 1997).**

So, the researcher felt that this study needs to be conducted to evaluate the effectiveness of AUM Meditation on Subjective Well being among older Adults at Old Age Homes.

Statement of the Problem

A study to Evaluate the Effectiveness of AUM Meditation on Subjective Well being among older Adults at selected Old Age Homes, Salem.

Objectives

1. To assess the subjective wellbeing among older adults in experimental and control group.
2. To evaluate the effectiveness of AUM meditation on subjective wellbeing among older adults in experimental group.
3. To associate the subjective wellbeing among older adults in experimental and control group with their selected demographic variables

Operational Definitions

Effectiveness:

It refers to the significant difference in pre-post test score on subjective wellbeing of older adults measured by subjective wellbeing inventory scales.

AUM Meditation:

It is type of the yogic techniques with a aim to help individual to concentrate on the sound A-U-M with chin mudra, chinmaya mudra and adi mudra regularly for 20 minutes to increase subjective wellbeing in older adults.

Subjective well-being:

Subjective well-being is defined as one's own way of feeling about his or her self in terms of general wellbeing which will be measured through subjective wellbeing inventory scale.

Older adults:

Individuals who are with the age of 60 years and above and who fulfil sample selection criteria are called as older adults.

Assumptions

1. Older adults residing in old age home may lack good sense of subjective wellbeing to some extent.
2. AUM Meditation may have an effect on improving subjective wellbeing

Hypotheses

H₁: There is a significant difference in the subjective wellbeing among older adults in experimental group before and after AUM meditation at $p \leq 0.05$ level.

H₂: There is a significant difference between post test scores of subjective wellbeing among older adults in experimental and control group at $p \leq 0.05$ level.

H₃: There is a significant association between the pretest subjective wellbeing and the selected demographic variables among older adults in experimental and control group at $p \leq 0.05$ level.

Delimitation

The study was delimited to:

1. Older adults those who were in the age of 60 years and above residing at selected old age homes, Salem.
2. The data collection period was 4 weeks

Projected Outcome

1. The study would help to identify the subjective well being among older adults.
2. AUM meditation would improve the subjective well being among older adults
3. The findings of the study would help the health professionals to gain knowledge and practice on AUM Meditation effectively.

Conceptual Framework

This study tried to assess the outcome of AUM meditation chanting on subjective wellbeing of older adults with the age group of 60years and above. The conceptual framework for this study was based on J.W Kenny's open system model (1990).

According to J.W Kenny, all living systems are open and they are in continuous exchange of matter, energy and information which result in various degree of interaction with the environment from which the system receives input and gives

back output in the form of matter, energy and information. System model consist of 3 phases input, throughput and output. These 3 phases also known as classical element of the system.

Input:

It is the first phase in open system. Based on J.W Kenny, input can be a matter, energy or information from the environment. In this study the input are collections of demographic variables of older adults, assessment of their subjective wellbeing by using a subjective wellbeing inventory scale (1992).

Throughput:

According to theorist, energy and information are continuously preceded through the system. Process is the use of input that is use of energy and information for the maintenance of homeostasis of the system. This is the activity phase which allows the input to be changed. In the present study, process includes practicing of AUM meditation for 20 minutes a day for 21 consecutive days.

Output:

According to J.W Kenny, after processing the input, the system gives output (matter, energy and information) to the environment in an altered state. It is the third element of the system where alteration can be expected because of the throughput.

Changes which happened during the process is observable and measurable as output, which should be different from that which is entered in to the system as input. It may be satisfactory or unsatisfactory. In this study the output is difference in subjective wellbeing of older adults after practising AUM meditation.

Feedback:

According to throughput, feedback is the utilization of output by the system in adjustment, correction and accommodation. In this study, enhancement of subjective wellbeing is considered as the difference observed and expected by the researcher.

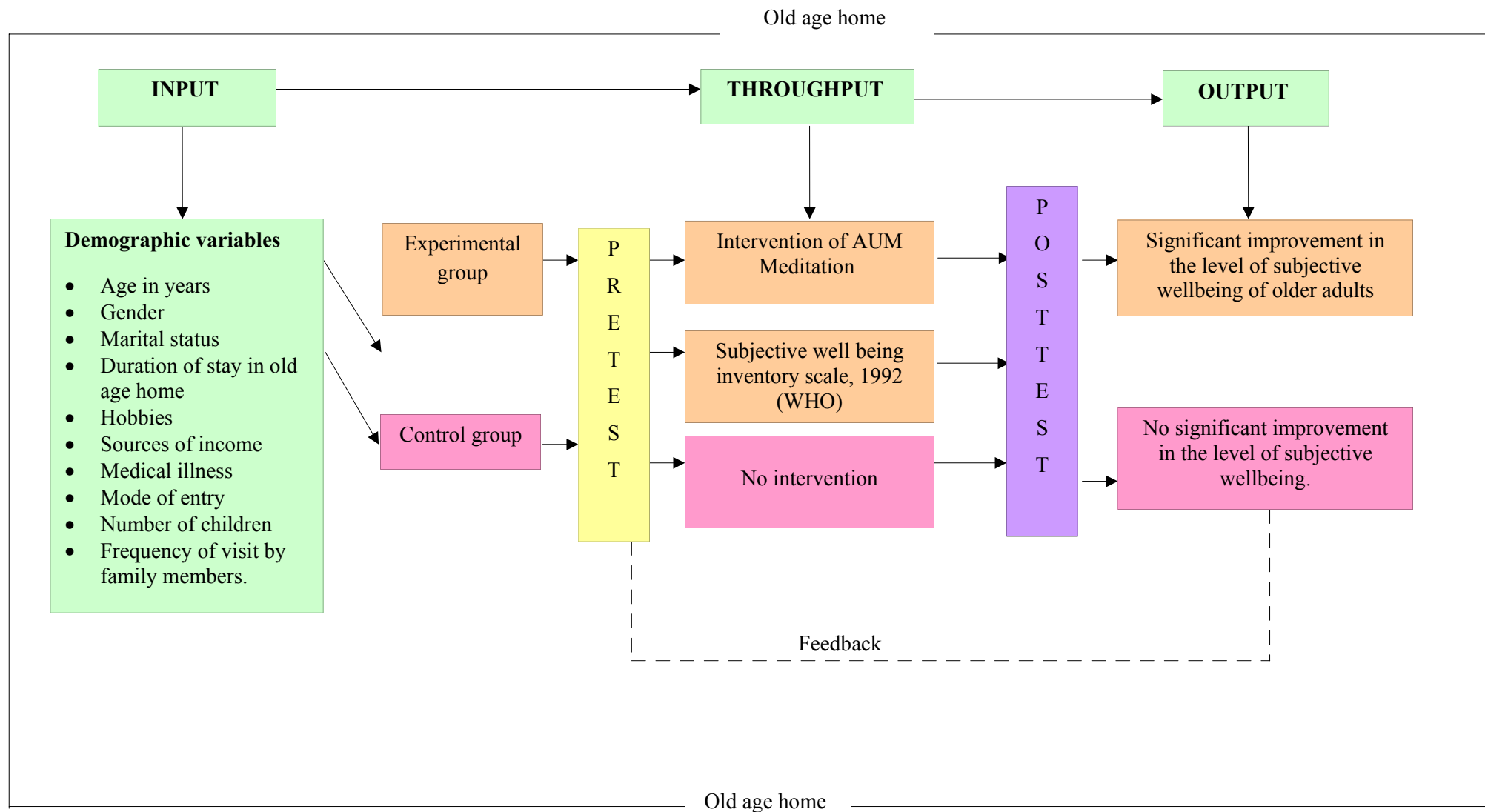


FIGURE – 1.1: CONCEPTUAL FRAMEWORK BASED ON J.W.KENNY’S OPEN SYSTEM MODEL (1990) ON EFFECTIVENESS OF AUM MEDITATION ON SUBJECTIVE WELLBEING AMONG OLDER ADULTS.

Summary

In this chapter the investigator has discussed the background of the study, Need for the study, Statement of the problem, Objectives, Hypotheses, Operational definitions, Assumptions, Delimitations, Projected outcomes and Conceptual Framework.

CHAPTER – II

REVIEW OF LITERATURE

Review of literature is an essential step in the development of a research project. It helps the researcher to design the proposed study in a scientific manner so as to achieve the desired result. It helps to determine the gaps, consistencies and inconsistencies in the available literature about particular subject under the study.

Review of literature for the present study is classified under the following headings

- Literature related to subjective wellbeing in older adults.
- Literature related to AUM Meditation.
- Literature related to Effectiveness of AUM Meditation on subjective wellbeing among older adults.

Literature related to subjective wellbeing in older adults.

Daniel Kahneman, et.al, (2010) conducted a correlational study to determine whether high income improves evaluation of life but not subjective wellbeing and emotional well-being in New York City. The objective of study was to determine high income improves evaluation of life but not the emotional well-being among older adults. Total of 300 samples participated in the study (156 females 144 males) between the age group of 65-75 years. Life evaluation was assessed using Cantril's Self-Anchoring Scale and emotional wellbeing using structured questionnaire. Researcher used Statistical analyses using the Statistical Package for Social Sciences. Researcher concluded that high income improves life satisfaction but not happiness and have low subjective wellbeing (62.34%) and emotional wellbeing (59.22%).

Jharna Bag et.al., (2014) conducted a descriptive study to assess the level of subjective well-being status of elderly people in old age homes in Kolkata in terms of their physical health and cognitive functioning. The main aim of the study was the

assessment of subjective well-being status in relation to their perceived physical health and cognitive functioning. The data were collected from 50 elderly people by total enumeration sampling from two different old age homes in Kolkata. The tool used was Subjective Well-being Inventory scale and a self developed checklist for perceived physical health problems. Cognitive function was assessed with the help of Mini Mental State Examination. Regression analysis showed that perceived physical health problem ($P \leq 0.001$) and cognitive functioning ($P = 0.010$) were statistically significant predictors of subjective well-being. Research shows that more than half (52%) of the elderly people have reported low level of subjective well-being status. The study concluded that in order to improve the quality of life of elderly people, health workers should give more emphasis on psychosocial aspects of this population. Improved psychosocial aspect can increase perceived physical health and subjective well-being among older people.

Lydia W. Li and Jersey Liang, (2013) conducted a comparative study to examine the effects of social support and negative interactions of life satisfaction on the subjective wellbeing among older adults in China. The sample consisted of 942 Chinese elders aged 60 to 94 years old (female =471, male=471). Structured interviews technique was used in the study as the tool. Results suggest that social support and negative interactions have significant contributions to life satisfaction and decreased level of subjective wellbeing. Poor Social support (SD of 6.46 at $p \leq 0.05$ level) has stronger effects than negative interactions (SD of 7.23 at $p \leq 0.05$ level) on life satisfaction on the older adults. It concluded that social support has stronger effects than negative interactions on life satisfaction for low level of subjective wellbeing among older adults.

Robert. S.Wilson, (2013) conducted a descriptive study to assess that late life cognitive decline leads to loss of subjective well being in older population. The objective of study was to examine life cognition that lead to loss of subjective well being. Participants were older persons from the Rush Memory and Aging Project institution in west Bengal, who are above 60 years. Total of 80 samples participated in the study (50% are males and 50% are females).They underwent annual clinical evaluations that included detailed cognitive performance testing and a 10-item self report measure of purpose in life, an aspect of subjective well being. ANOVA was used in the study to find the analysis. The results suggested that decline in life cognition lead to loss of subjective well being (mean = 5.5, standard deviation = 2.8).

Thomas Hansen and Britt Slagsvold, (2012) conducted a longitudinal correlation study on aging and subjective wellbeing of older adults, Sri Lanka. The objective of the study was to find out aging is associated between the declines in many life domains (life satisfaction, positive affect, negative affect, and depression) and factors that may account for age variations in such change. Total of 376 samples (188 males and 188 females) were selected of age group 69-80 for the study. The tool used for the study was Cantril's Self-Anchoring Scale to evaluate life domains. Data were analyzed with analysis of variance. The result of the study shows Life satisfaction and negative affect are adversely related to older age longitudinally and positive affect and depression are adversely related to older age in the cross-section. Similar result was shown in both men and women. The study concluded that loss of health and loss of life partner are the main causes of declining subjective well-being in older age.

Literature related AUM Meditation

Ann Bowling. et.al, (2009) conducted a study to assess the complementary effect of yogic sound resonance relaxation technique in patients with neck pain. The objective of the study was to find effect of yogic sound resonance relaxation technique in patients with neck pain. The study was conducted among African Americans. The study was randomized controlled study with 80 patients (both male and female) with neck pain. They were assigned to two groups (experimental group=40) and (control group=40). The experimental group received yogic mind sound resonance technique (AUM Meditation) for 25 minutes in supine position and the control group did not have any specific position. The duration of the study was one month. The Study reveal that AUM Meditation provided deep relaxation for both mind and body while repeating the sound 'A''U'M and OM. Both the groups had pre and post assessment using visual pain analog scale, neck disability questionnaire, tenderness scoring key, state trait anxiety inventory. Result showed that Mann Whitney U test showed significant difference between groups in pain ($p \leq 0.001$) tenderness ($p \leq 0.01$), neck movement ($p \leq 0.01$) neck disability ($p \leq 0.05$) and state anxiety showed higher reduction in experimental group ($p \leq 0.01$) than the control group.

Bandi Hari Krishna, et.al., (2014) conducted a randomized controlled trial to study the effect of AUM meditation on cardiac function and N terminal pro BNP in heart failure. The aim of this study was to assess whether yoga training (Aum meditation) in addition to standard medical therapy can improve cardiac function and reduce N terminal pro B-type natriuretic peptide (NT pro BNP) in heart failure (HF). The study was done in New Delhi. A total of 130 elderly patients (60-70 years) were recruited and they were randomized into two groups: Control Group (CG) ($n=65$)

Yoga Group (YG) (n=65). In Yoga Group, 44 patients and in Control Group, 48 patients completed the study. Cardiac function using left ventricular ejection fraction (LVEF), myocardial performance index (Tei index), and NT pro BNP, a biomarker of HF, was assessed at baseline and duration was 12 weeks. The results shows that LVEF increased 36.88% in the Yoga Group and 16.9% in the Control Group, Tei index was reduced to 27.87% in the Yoga Group and 2.79% in the Control Group, NT pro BNP was reduced to 63.75% in the Yoga Group and 10.77% in the Control Group. The between group comparisons from pre to post 12 weeks were significant in Yoga Group (LVEF, P , 0.01, Tei index, P , 0.01, NT pro BNP, P , 0.01). These results indicate that AUM meditation for HF patients has a markedly better effect on cardiac function and reduced myocardial stress than that of control group.

Benson et.al., (2009) conducted a comparative study to investigate the effect of AUM meditation versus group therapy in depressive older adults in Ottawa, Canada. The objective of the study was to find effectiveness of AUM meditation versus group therapy in depressive older adults. Out of 46 participates 76% were females and 24% were males. Geriatric Depression Scale and Subjective wellbeing inventory scale was used for the study. The AUM meditation program was given to one group and group therapy to other group for 4 week. AUM meditation was given for 20 minutes and group therapy for 2 hours for 4 weeks. Result indicate that (SD increased to 15.48 from 6.48 at ($p \leq 0.05$ level) significantly more AUM meditation group participant experienced a remission than that of control group. It showed that AUM meditation was more effective than group therapy in depressive older adults.

David Brian Wolf, (2009) conducted experimental study to assess the effect of AUM Meditation on stress and depression of older adults in the north east of the Netherlands. Sixty-two subjects were self-selected for the study. Average age of

above 60 years, with 31 males and 31 females participated in the study. Stress was measured with the Index of Clinical Stress; depression was measured with the Generalized Contentment Scale. Subjects were tested at pre-test, post-test, and follow up, with testing times separated by four weeks. Participants were randomly assigned to AUM meditation group. Subjects in each of the chanting groups chanted their mantra approximately 25 minutes each day. ANCOVA results suggests that the AUM meditation ($SD=7.90$ to $SD=13.60$) ($t [29]=19.70$, $p<0.01$) has potentially been successful for treatment of stress and depression among older adults.

Korea National University, (2010) conducted a study to verify the effect of AUM Meditation program on older population to improve self esteem among older adults in Korea. The sample of the study was older population aged above 60 years ($n=930$, male) who participated in the study. A total of 465 samples in experimental group and 465 in control group participated in the study. Structured questionnaire and self esteem inventory were administered to samples as the tool. Using Pearson's correlation result showed that the experimental group ($SD=9.74$) with application of AUM Meditation program had significant improvements in self-esteem compared to the control group ($SD=4.21$) without the application. In conclusion, the study provides evidence that the intervention of AUM Meditation program had positive effects on self-esteem among older adults ($t = 5.96$, $p \leq .001$).

Kripadharan G, et.al, (2005) conducted a comparative study to assess the effect of Vedic chanting (AUM) on memory and sustained attention and concentration. The objective of the study was to compare the effect of Vedic chanting (AUM meditation) with non chanting group who had no exposure to any type of chanting. A total of 35 subjects were chosen in both groups and their age ranged from 60 to 75 years. Memory was tested by using delayed recall test (verbal memory and

spatial memory). Sustained attention and concentration was measured by cancellation test (letter and character cancellation). Data was analyzed by using non parametric Mann Whitney U test. Chanting group showed considerable improved scoring in both memory test (vms $p=0.01$, sms $p=0.002$) and considerable reduction in total error and total time taken for cancellation test (TTT $p=0.017$, TE $p=0.013$) compared to non chanting group. This study suggested that vedic chanting(AUM Meditation) influences both the hemispheres of the brain that resulting in good memory, attention and concentration. Researcher concluded that AUM meditation was effective in improving memory and sustained attention and concentration in elderly population.

Moradhvaj Singh, (2014) conducted a Comparative Study on the Effect of Pran Dharana and AUM Chanting On Anxiety level of older adults, Utter Pradesh, India. The main purpose of the study was to find out the effect of Pran dharana and AUM chanting on an anxiety level of older adults .For this study, forty five (male) older adults (Age above 60years) were randomly selected as subjects. The follow up period was limited to one month. The subjects were divided into two groups i.e. two experimental group. One Experimental group were followed with Pran Dharana and other experimental group with AUM Chanting. Anxiety was measured by sports anxiety Questionnaire developed by Renier Martin. Results were calculated by using regression analysis. The result showed that F-value for pre-test and post Test of experimental group I and II was 0.22 and 20.62 respectively and F-value for adjusted post test was 19.798 at 0 .05 level of significance. The researcher concluded that significant difference was found between the adjusted means of the Prandharana and AUM Chanting between experimental groups which shows that AUM chanting was more effective in reducing the anxiety level of older adults.

Palta, et.al, (2013) conducted an experimental study on evaluation of AUM meditation-based intervention program to decrease blood pressure in low-income African-American older adults. The purpose was to learn if the AUM meditation-based program produced differences in blood pressure between the intervention and control groups. Participants of the study were at least 62 years old and residents of a low-income senior residence. All participants were African-American, and one was male. The samples were selected by using simple random method. The intervention was practised for 8 weeks. Blood pressure was measured with the help of Omron automatic blood pressure machine by the end of the 8-week intervention. A multivariate regression analysis was used on the difference in scores between baseline and post-intervention blood pressure measurements by controlling age, education, smoking status and anti-hypertensive medication use. The result shows Individuals under intervention group exhibited a 21.92-mmHg lower systolic blood pressure as compared to that of control group at $p=0.020$. The average diastolic blood pressure also decreased (16.70-mmHg) in the intervention group than control group. This value was statistically significant ($p=0.003$). The study concluded that AUM meditation was effective in reducing blood pressure among older adults of low income groups.

Siddarth.P, (2010) conducted an experimental study on intensive mindfulness training and the reduction of psychological distress among elderly by AUM meditation in Kanpur. The main objective of the study was to find out the effectiveness of AUM meditation to reduce psychological distress. A total of 54 participants took part in the study, out of this 25 sample were female and 29 were male. Samples were given AUM meditation for 4 weeks for 25 min daily. The repeated-measures analysis of variance indicated a sharp reduction in overall psychological distress. Results showed

a reduction in psychological distress among elderly population by the use of AUM meditation.

Vitthal Khode, et.al, (2014) conducted a prospective randomized control trial to evaluate the effect of AUM chanting on elderly to improve pulmonary function among elderly. The study aimed to evaluate the effect of AUM chanting on elderly to improve peak expiratory flow (PEF), forced expiratory flow (FEF) and maximal voluntary ventilation (MVV) with a significant reduction in weight. The study was conducted in rural areas in Meerut. A total of 82 samples were randomized into the study group ($n = 41$) and control group ($n = 41$). Baseline assessment was carried out before intervention for both groups. Study Group practiced AUM chanting for the duration of 20 min for 7 weeks and Control Group did not practice so. After intervention post-assessment was performed for Study Group ($n = 40$) and Control Group ($n = 39$). Statistical analysis was performed by Independent samples t -test and Student's paired t -test with the use of SPSS version 16 (2007, USA). The result showed a significant improvement in peak expiratory flow (PEF), forced expiratory flow (FEF) and maximal voluntary ventilation (MVV) along with a significant reduction in weight in Study Group ($\chi^2 = 4.28, p \leq 0.05$) as compared with Control Group. Researcher concluded that AUM chanting was effective in improving pulmonary function among elderly.

Literature related to Effectiveness of AUM Meditation on subjective wellbeing among older adults.

Ashok Vinchurkar Suhas, (2014) conducted a cross-sectional study to measure the subjective wellbeing among older individuals by AUM meditation. The study was conducted in Karnataka, India. In this study, participants were 90 people over 65 years. The tool used for the study was subjective wellbeing inventory scale

(1992). Long-term (2 months) 'AUM' meditation was practised among the samples. Statistical analyses were carried out using the Statistical Package for Social Sciences (SPSS) software version 18.00 (SPSS Inc., Chicago, USA). The subjective wellbeing score were analyzed using one-way analysis of variance (ANOVA) and independent *t*-test. The meditation group showed significantly higher rate for improvement in subjective wellbeing ($P \leq 0.001$) as compared to the non-meditation group. 'AUM' meditation practice was positively correlated to subjective wellbeing. The study concluded that the practice of AUM meditation was associated with higher levels of subjective wellbeing and psychological health of older individuals.

Gangadhar B.N, et.al., (2012) conducted a comparative study to assess the effects of AUM intervention in improving subjective wellbeing of elderly population among experimental and control group. The rural area of Pondicherry was selected as setting. Random selection of elderly persons above the age of 60 years residing in the four villages was done. A total of 85 samples were selected for the study. The samples were interviewed by using a standardized questionnaire. The results analysis was done by SSPS. The study indicated that, in the participants of the experimental group, significant improvements were found in subjective wellbeing among elderly ($t [29]=19.70, p<0.01$); the mean values increased to 39.87 (standard deviation [SD]=5.14.) from 13.60 (SD=7.90) than that of control group.

Kamakhya Kumar, (2011) conducted a Contemporary researches in the area of AUM intervention and their effect over various parameters of Psychological health of older adults. The total of 160 samples was used for the study. For this study purpose, a group of 80 persons with an age ranging from 60 – 70 years from the semi urban area of Dehradun Districts were selected by purposive quota sampling as subject in practice group and 80 persons in control group. They practiced a set of

AUM Meditation regularly for 30 days. The present study shows a significant change on the post mean values of experimental group as 16.08 and 14.33 in control group and the 't' value is 1.98 ($P \leq 0.01$) in experimental group than that of control group. At the end it can be concluded that AUM meditation practice had a positive impact over the subjective well being of the older adults over various parameters of Psychological health than in control group.

Malathi, et.al., (2009) conducted a experimental study on effectiveness of AUM meditation on subjective wellbeing of older population in Mumbai .Forty eight healthy volunteers who participated in the practice of AUM meditation over a period of 1 months were assessed on Subjective Well Being Inventory (SUBI) scale before and after the course. Result analysis was done by Mann Whitney U test which showed significant difference in experimental group ($p \leq 0.001$) than control group. The study thus concluded that a significant improvement in 9 of the 11 factors of SUBI was observed at the end of 1 month in these participants which shows AUM meditation was effective in improving the subjective wellbeing among older people.

Singh, et.al., (2011) conducted a experimental study to find the effects of AUM meditation on the Subjective wellbeing of elderly population. The sample of 40 elderly people of Devi Durga old age home Haridwar, India was selected for the study. Subjective wellbeing inventory scale was used to assess the subjective wellbeing. The samples were selected by using purposive sampling technique. The samples practised AUM meditation process for 15 days, 15 minutes each day in the evening from 6.00 pm-6.15 pm. Comparison of pre and post test values showed that there was significant improvement ($p \leq 0.001$) in subjective wellbeing of elderly after AUM meditation.

Susan Jeanne Ferguson, et.al., (2010) conducted a correctional study in Sydney to investigate the role of AUM meditation on improving the subjective wellbeing of older adults. The tool used for the study was Ryff Psychological Well-being scale and The Affect Balance Scales (ABS) (Bradburn, 1969) five-item subscale of Positive Affect. A total of 225 participants (145 women; 80 men), aged from 65 to 94 years (mean of 73 years) were recruited in Sydney from retirement villages, volunteer, and other community organizations. Most were married (52.4%), followed by widowed (24.4%), and divorced (8.9%). Sixty-one percent had someone living with them. Seventy-six percent were born in Australia. The AUM Meditation was given for the period of 3 weeks. Participants reported high scores for each variable. For subjective well-being with a possible range of 60-84, the obtained range was 39-84 with a mean score of 66.56 (SD = 10.51). Descriptive statistics and correlations were obtained using SPSS 16. Path analyses was then carried out with Amos 7 (Arbuckle, 2006). The study concludes that AUM meditation was effective in improving psychosocial variables and multiple positive aspects of subjective well-being among older adults.

CHAPTER III

RESEARCH METHODOLOGY

The methodology of research indicates the general pattern of organising the procedure for gathering the valid and reliable data for the purpose of investigation. (Polit D. F and Hunger, 2003)

Research Approach

The research approach adopted for this study was Quantitative approach.

Research Design

The research design that is chosen for this study was quasi experimental pre-test post- test design to evaluate the effectiveness of AUM Meditation on subjective wellbeing among older adults at selected old age homes, Salem.

Experimental group	O ₁	X	O ₂
Control group	O ₁		O ₂

O₁ – Pre-test

X - Intervention (AUM Meditation)

O₂ - Post-test

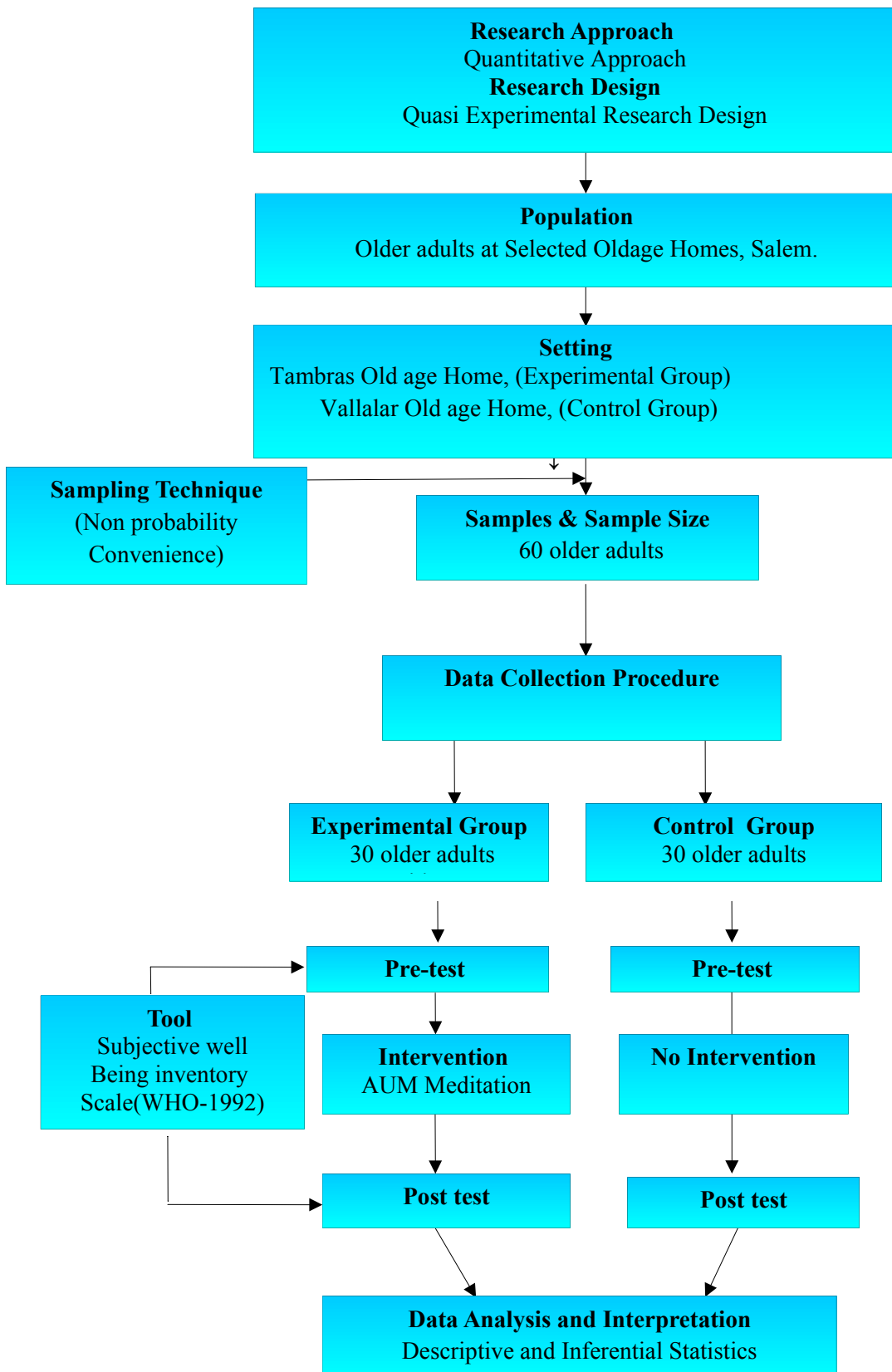


Fig-3.1: Schematic Representation of Research Methodology

Population

Population is defined as the entire set of individual or object having some common characteristics.

The study population comprised of all the older adults with the age of 60 years and above residing at selected old age homes, Salem.

Description of the Setting

Setting is the physical location and condition in which data collection take place in the study.

The study was conducted in Tambras old age home and Vallalar Old Age Home. Tambras Old Age Home is situated in Chinnathirupathy near old bus stand road which is 15 km away from Sri Gokulam College of Nursing. It is a private organisation. Vallalar Old Age Home, Steel Plant, Salem was selected for control group which is 14 kms away from Sri Gokulam College of Nursing. It is also a private organisation.

Sampling

Sampling is the process of selecting a representative segment of the population under study.

Sample:

Sample is defined as the subset of population selected to participate in the study.

All the older adults at selected old age home meeting the eligible criteria for this study were called samples.

Sample size:

Sample size of this study was 60. Among them 30 samples were in the experimental group and other 30 were in the control group.

Sampling Technique:

The sampling technique adopted for this study was non probability convenience sampling technique.

Criteria for Sample Selection:

Inclusion criteria:

Older adults who were,

1. 60 years and above
2. both males and females.
3. able to read and understand Tamil.
4. married
5. having children

Exclusion criteria:

Older adults who were,

1. suffering from severe mental illness and impaired cognitive function.
2. bed ridden due to chronic illness.
3. having hearing and visual disturbance.

Variables

Independent variable: AUM Meditation.

Dependent variable: Subjective wellbeing of the older adults.

Demographic variables: Age, gender, marital status, duration of stay in old age home, hobbies, medical illness, source of income, number of children, frequency of visit by family members and mode of entry in old age home.

Description of Tools

Section-A: Demographic variables

This section consists of age, gender, marital status, duration of stay in old age home, hobbies, medical illness, source of income, number of children, frequency of visit by family members and mode of entry in old age home.

Section-B: Standardized subjective well being inventory scale 1992,WHO (self-reporting questionnaire) to assess subjective wellbeing of older adults

This section consists of Standardized subjective well being inventory scale 1992, WHO (self reporting questionnaire) to assess the Subjective well being among older adults. It consist of 40 items with the maximum of 120 score. The scale consists of 19 positive questions and 21 negative questions. This is a three point rating scale. The rating was given as 3, 2, 1 for positive items and 1, 2, 3 for negative items. This was categorized as ill-being, moderately ill-being and good sense of well being with a score of 40-60, 61-80, and 81-120 respectively.

Table 3.1: Scoring key for subjective wellbeing

Category	Score
Ill being	40-60
Moderately ill being	61-80
Good sense of well being	81-120

Validity and Reliability of the Tool

Validity:

Validity refers to the degree which an instrument measures what it is supposed to measure.

The validity of the tool was established in the consultation with the guide and the experts. The tool was validated by five experts in the field of psychiatric nursing and one from psychiatrist, one from clinical psychologist and one from yoga expert. The tool was found to be adequate and suggestion given by the experts was incorporated.

Reliability:

It is the degree of consistency or dependability with which an instrument measures an attributes. The reliability of the tool was checked and established by using test – retest method and the obtained $r = 0.9$ shows that the tool was highly reliable.

Pilot Study

After obtaining the formal permission from the Manager of Cooperation Night Shelter Old Age Home, Salem and written consent from the six study samples, the pilot study was conducted from 24.07.2014 to 30.07.2014. Pretest was conducted on 24.07.2014 with the help of standardized tool called subjective wellbeing inventory scale (WHO, 1992). The AUM Meditation was demonstrated by the investigator and samples were instructed to re demonstrate it. The intervention was carried out by the study samples for around 20 minutes. Post test was conducted on 30.07.2014 with the same tool used in the pre- test. The findings of the pilot study revealed that it was feasible to conduct the main study.

Method of Data collection**Ethical consideration:**

Written permission was obtained from the Managers of the old age homes and from the study samples.

Period of data collection:

The data collection period was 4 weeks. (02.09.2014-02.10.2014)

Data Collection Procedure

The formal permission was obtained from the Mangers of Tambras Old Age Home and Vallalar Old Age Home, Salem. The investigator took written permission from the samples. The study was conducted in Tambras Old Age Home and Vallalar Old Age home as experimental and control group respectively. The data was collected

from 04.09.2014-02.10.2014. Samples were selected by non probability convenience sampling technique. The pre test was done on 04.08.2014 and 05.8.14 using standardized self reporting questionnaire for experimental group and control group respectively. Samples were segregated in to two groups as experimental group (n=30) and control group (n=30). For experimental group, the investigator demonstrated the AUM meditation with the Mudras and sound “A” “U” “M” by concentrating abdomen, heart and brain respectively followed with the re-demonstration by the samples. Each day samples were made to practise AUM meditation for 20 minutes for 21 consecutive days. The procedure as follows:

It contains few steps as follows-Samples were made to.....

- 1) Sit on hard flat floor on the mat and asked to warm up by rubbing hands.
(2mts)
- 2) Close eyes and take deep breaths.(3mts)
- 3) Keep ‘Chin Mudra’(closing of thumb finger and index finger and opening of all other finger) and concentrate on sound ‘aaa’ which creates vibration and affects the abdomen.(5mts)
- 4) Keep ‘Chinnmaya Mudra’(closing of thumb finger and index finger and closing of all other finger) and concentrate on second pronunciation of "ooo" creates vibrations in the heart.(5mt)
- 5) Keep ‘Adi Mudra’(keeping of thumb finger on palm and closing of all other fingers) and concentrate on last pronunciation of "mmm" brings vibrations to the brain centers, as a result of which, the efficiency of the brain increases(5mt)
- 6) It was practised by all the samples for 20 minutes for 21 consecutive days.

All the samples participated enthusiastically in the study. The post was conducted from 1.10.2014 for experimental group and on 02.10.2014 for control group.

Plan for Data analysis

- The data analysis will be done by using both descriptive and inferential statistics.
- Demographic information will be calculated by using frequency and percentage.
- The effectiveness of AUM Meditation will be calculated by using inferential statistics (t-test).
- Association between the pre test level of subjective wellbeing and demographic variables will be calculated by using inferential statistics (chi-square analysis).

Summary

This chapter dealt with the research methodology. It consists of research approach, research design, description of the setting, population, sampling, variables, description of the tool, validity and reliability, pilot study, method of data collection and plan for data analysis.

CHAPTER -IV

DATA ANALYSIS AND INTERPRETATION

Research data must be processed and analysed in an orderly fashion so that patterns and relationship can be discerned, validated and hypotheses can be tested. Quantitative data analyzed through statistical analysis includes simple procedures as well as complex and sophisticated methods. **(Polit, 2004)**

This chapter deals with analysis and interpretation of the data collected to evaluate the Effectiveness of AUM Meditation on the subjective wellbeing among older adults at selected old age homes, Salem. The collected data was tabulated, organized and analyzed by using both descriptive and inferential statistics.

Section-A:

Distribution of samples according to their selected demographic variables in experimental and control group.

Section-B

Distribution of samples according to their pretest level of subjective wellbeing among samples in Experimental and control group..

Section-C

- a) Distribution of samples according to their posttest level of subjective well being among samples in experimental and control group.
- b) Comparison of pre-test and posttest level of subjective well being among samples in experimental and control group.
- c) Comparison of Mean, SD, Mean percentage and differences in mean percentage of pre test and post test scores of subjective wellbeing among older adults in experimental and control group.

Section-D: Testing Hypotheses.

- a) Effectiveness of AUM meditation on the level of subjective wellbeing among older adults in Experimental group.
- b) Effectiveness of AUM meditation on the level of subjective wellbeing among older adults in Experimental and control group.
- c) Association between the pre test level of subjective wellbeing and their Selected Demographic Variables in Experimental and Control Group.

Section-A

Distribution of samples according to their selected demographic variables in experimental and control group.

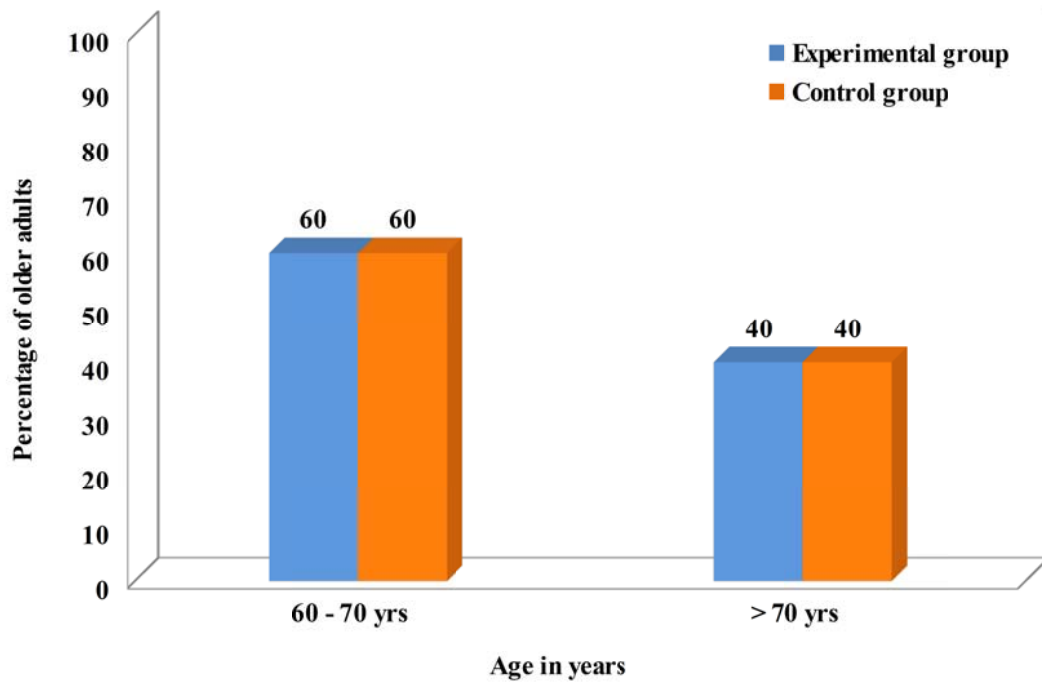


Fig- 4.1: Percentage distribution of older adults according to their age.

The above figure shows that, in experimental group 18(60%) older adults are in the age group of 60-70 years, 12(40%) are in the age group of >70 years. In control group, 18(60%) older adults are in the age group of 60-70 years and 12(40%) are in the age group of >70 years.

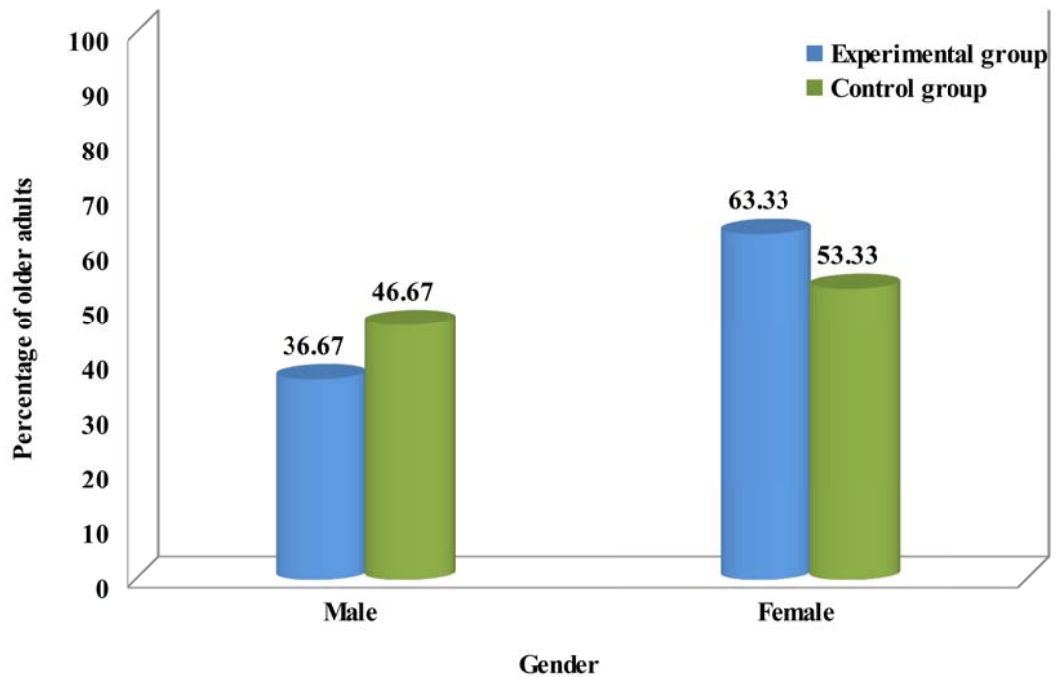


Fig 4.2: Percentage distribution of older adults according to their gender.

The above figure shows that, in experimental group 11(36.67%) older adults are males and 19(63.33%) are females. In control group, 14(46.67%) are males and 16(53.33%) are females.

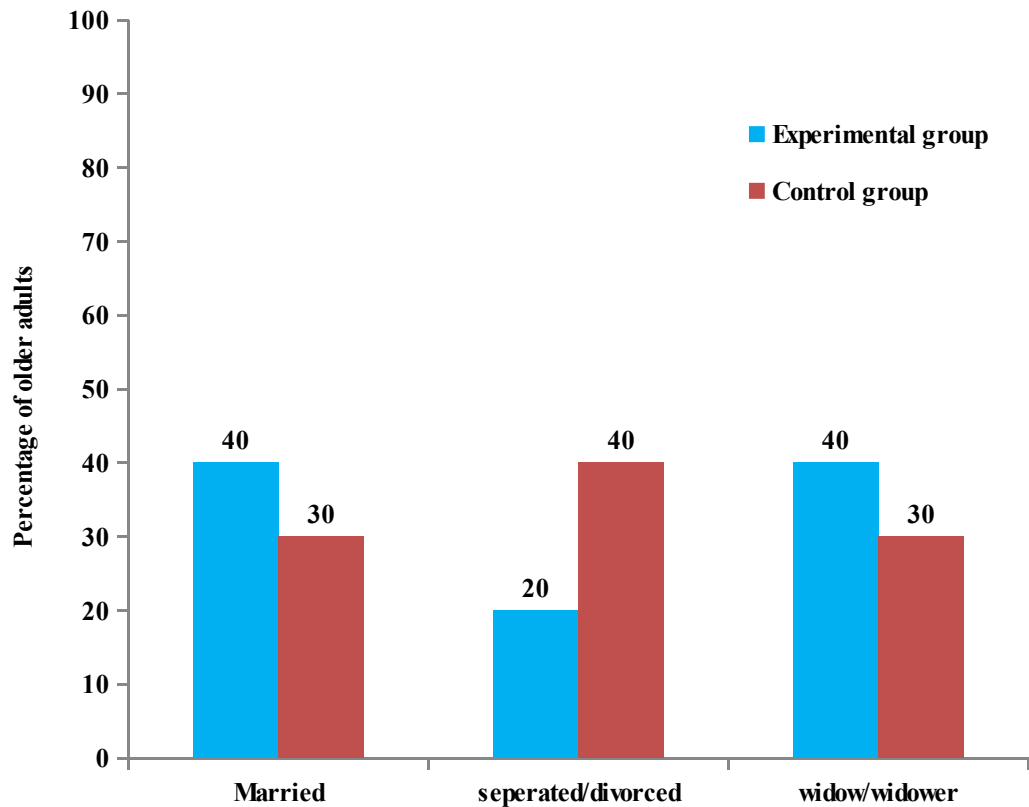


Fig4.3: Percentage distribution of older adults according to their marital status

The above figure shows that, in experimental group relating to marital status, 12(40%) older adults are married, 6(20%) of them are separated/divorced and 12(40%) of them are widow/widower. In control group, 9(30%) older adults are married, 12(40%) of them are separated/divorced and 9(30%) of them are widow/Widower.

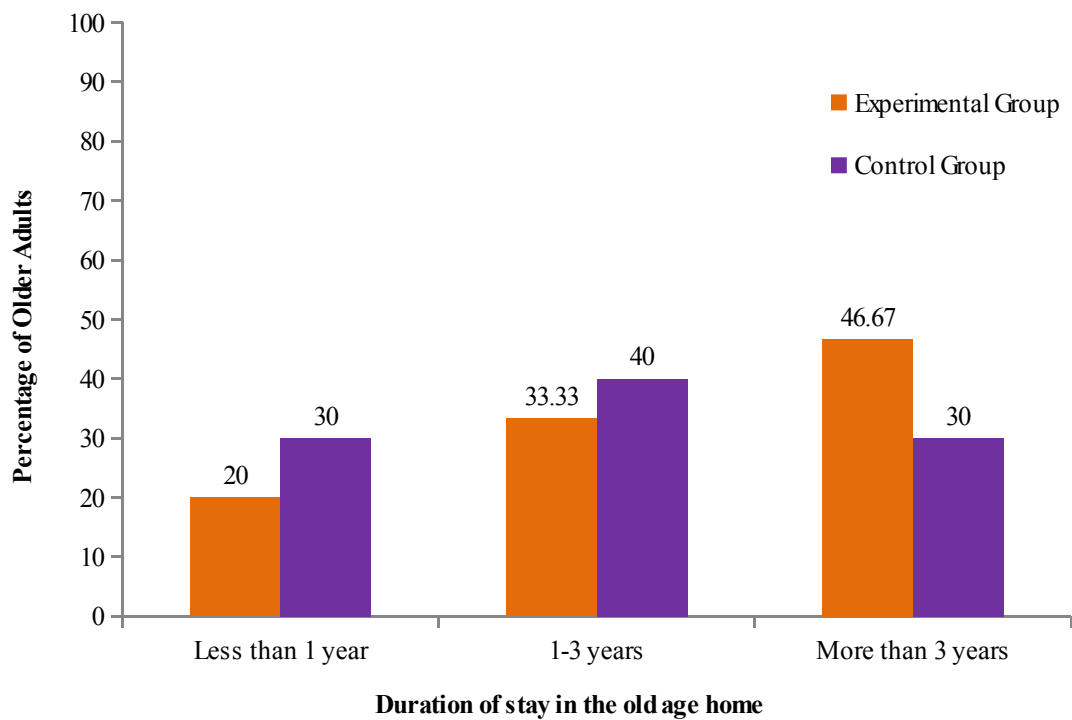


Fig 4.4: Percentage distribution of older adults according to their duration of stay in old age home

The above figure shows that, in experimental group the duration of stay in old age home 6(20%) older adults are staying for less than 1year, 10(33.33%) are staying between 1-3years and 14(46.67%) are staying more than 3years. In control group 9(30%) older adults are staying for less than 1year, 12(40%) are staying between 1-3 years and 9(30%) are staying for more than 3years.

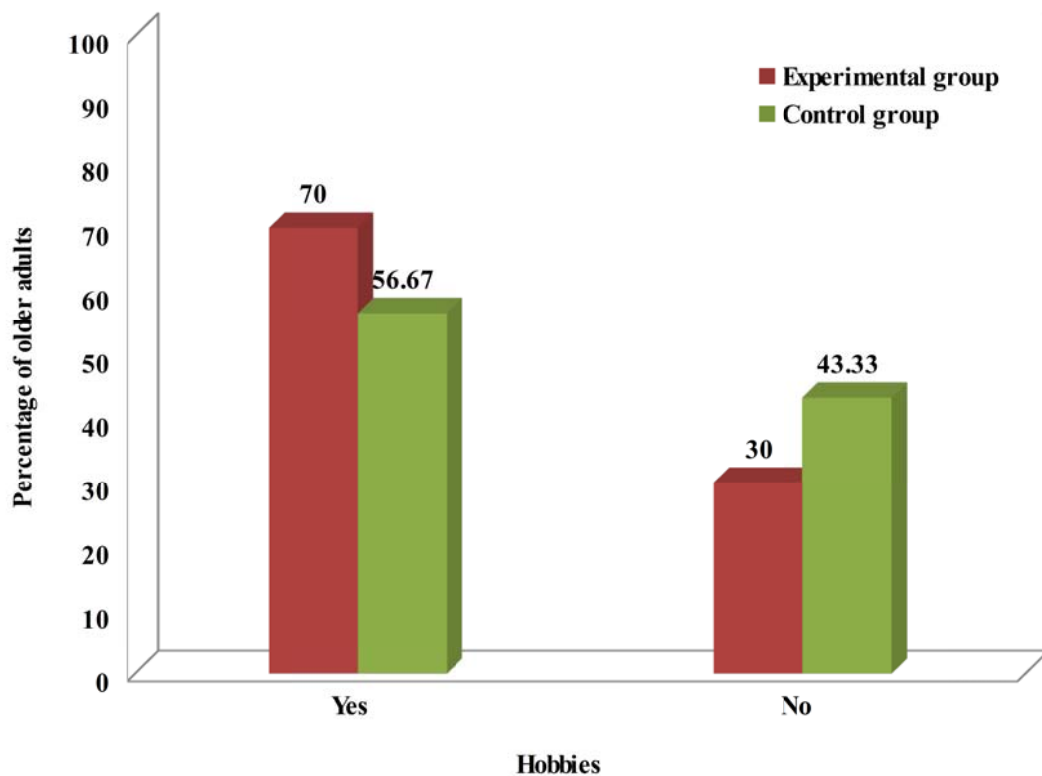


Fig4.5: Percentage distribution of older adults according to their hobbies

The above figure shows that, in experimental group 21 (70%) older adults have hobbies and 9(30%) have no hobbies. In control group, 17 (56.67%) older adults have hobbies and 13(43.33%) have no hobbies.

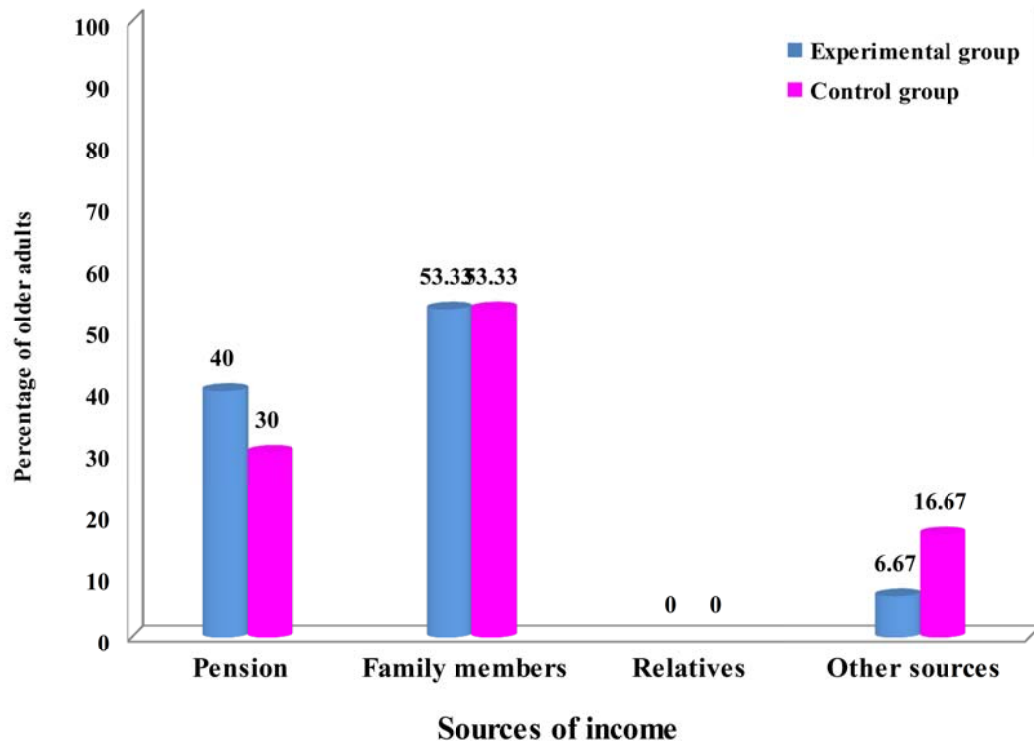


Fig4.6: Percentage distribution of older adults according to their sources of income

The above figure shows that, in experimental group 12(40%) older adults get pension, 16(53.33%) older adults have income from family members and 2(6.67%) have income from other sources.

In control group 9(30%) of them get pension and 16(53.33%) have income from family members and 5(16.67%) have income from other source.

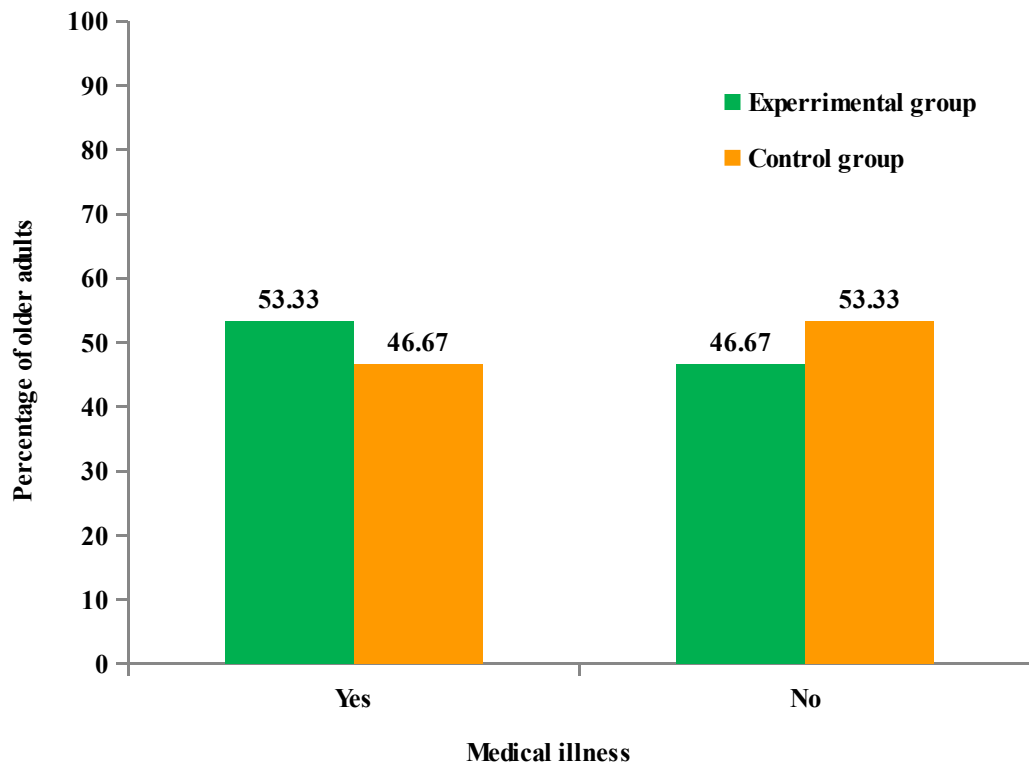


Fig 4.7: Percentage distribution of older adults according to their medical illness

The above figure shows that, in experimental group, 16(53.33%) older adults have medical illness and 14(46.67) have no medical illness. In control group, 14(46.67%) older adults have medical illness and 16 (53.33%) have no medical illness.

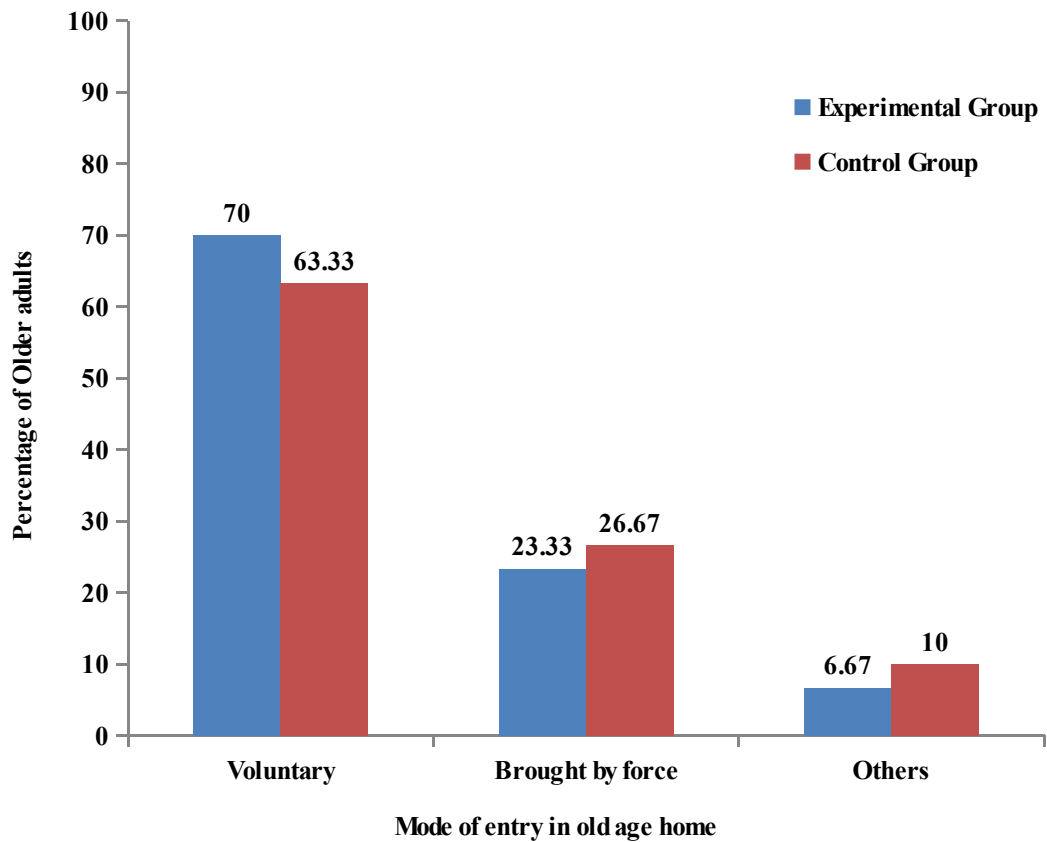


Fig 4.8: Percentage distribution of older adults according to the mode of entry into old age home

The above figure shows that, in experimental group 21(70%) older adults have voluntarily joined in old age home, 7(23.33%) are brought by force and 2(6.67%) entered by others into old age home.

In control group, 19(63.33%) older adults have voluntarily joined in old age home, 8(26.67%) are brought by force and 3(10.%) have entered by others into old age home.

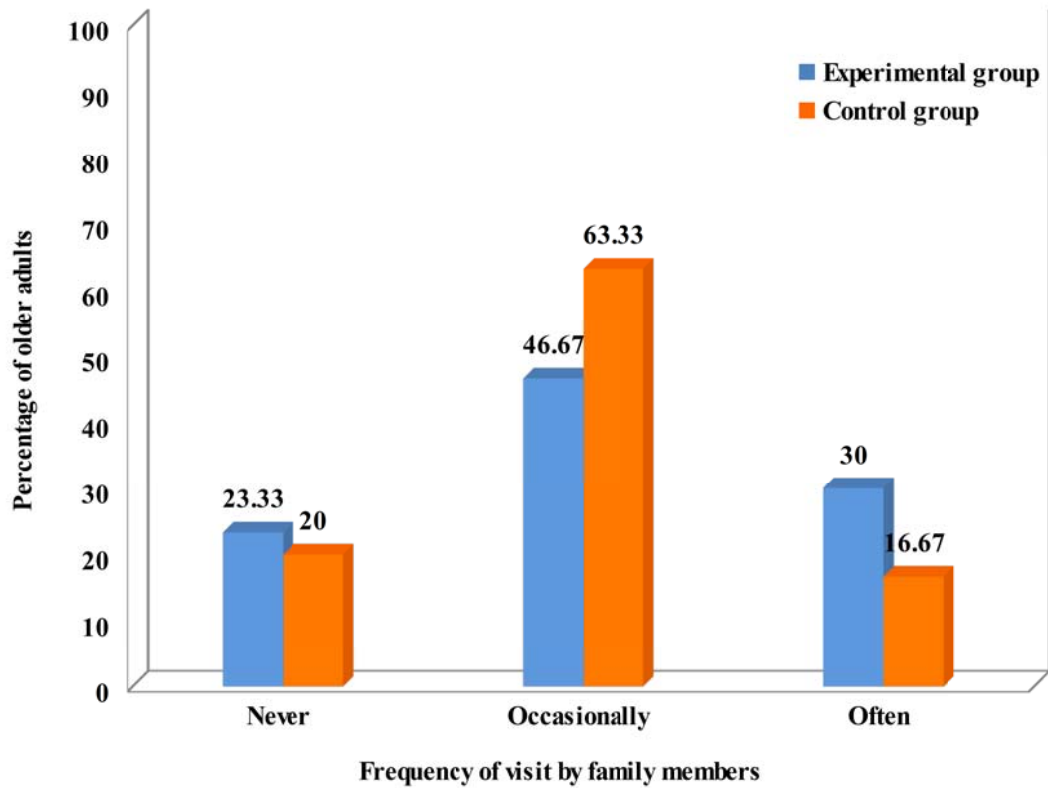


Fig 4.9: Percentage distribution of older adults according to the frequency of visit by their family members

The above figure shows that, in experimental group 7(23.33%) older adults never have visitor, 14(46.67%) of them have occasionally visitors and 9(30%) have visitors often.

In control group 6(20%) older adults never have visitor, 19(63.33%) of them have visitors occasionally and 5(16.67%) of them have visitors often.

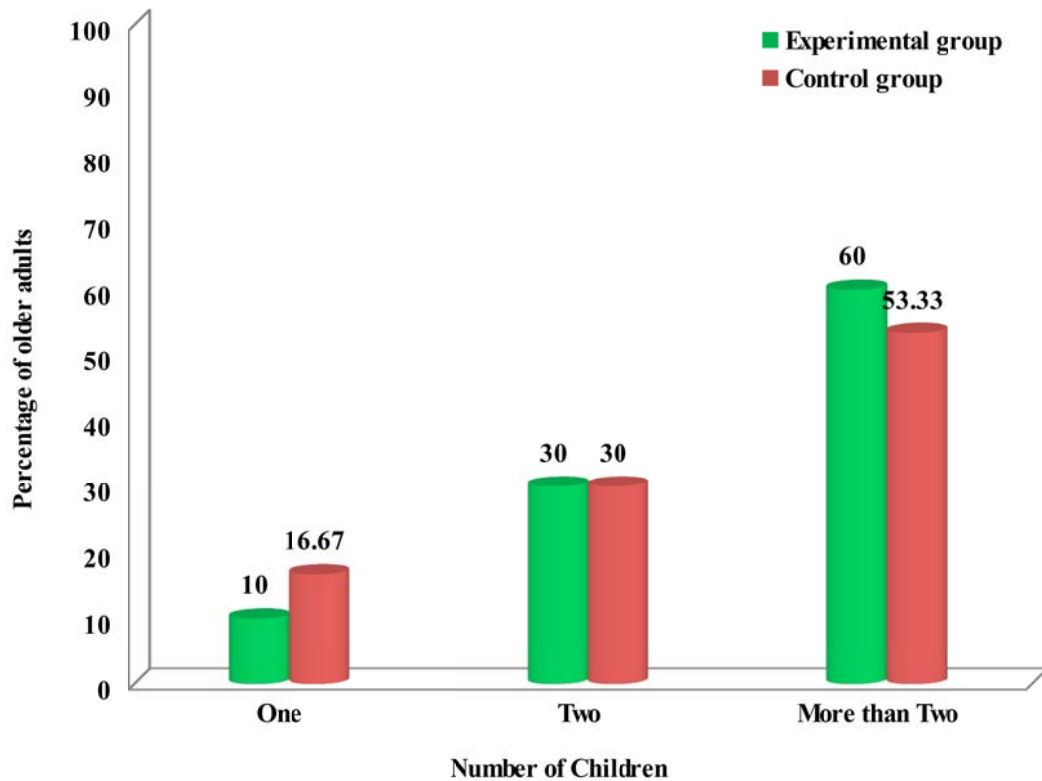


Fig4.10: Percentage distribution of older adults according to their number of children

The above figure shows that, in experimental group 3(10.00%) older adults have one child, 9(30%) have two children and 18(60%) have more than two children .

In control group 5(16.67%) older adults have one child, 9(30%) have two children and 16(53.33%) have more than two children.

Section-B

Distribution of samples according to their pretest level of subjective wellbeing among older adults in experimental and control group.

Table 4.1:
Frequency and percentage distribution of samples according to their pretest scores on level of subjective wellbeing among experimental and control group.

n=60

Level of Subjective wellbeing	Pre test			
	Experimental group		Control group	
	n = 30		n = 30	
	f	%	f	%
Ill-being	19	63.33	20	66.67
Moderately ill being	11	36.67	10	33.33
Good sense of wellbeing	0	0	0	0

The above table shows that during pretest, in experimental group, 19 (63.33%) older adults have ill being, 11(36.67%) have moderately ill being. In control group, 20(66.67%) have ill being, 10(33.33%) have moderately ill being and none of the older adults in both experimental and control group have good sense of wellbeing.

Section-C

- a) **Distribution of samples according to their posttest level of subjective well being among older adults in experimental and control group.**

Table 4.2:

Frequency and Percentage distribution of older adults according to their posttest scores on subjective wellbeing in experimental and control group.

n=60

Level of Subjective wellbeing	Post test			
	Experimental group n = 30		Control group n = 30	
	f	%	f	%
ill-being	6	20	20	66.67
Moderately ill being	16	53.33	10	33.33
Good sense of wellbeing	8	26.67	0	0

The above table shows during posttest, in experimental group 6(20%) older adults have ill being, 16(53.33%) have moderately ill being and 8(26.67%) have good sense of wellbeing. In control group, 20(66.67%) have ill being, 10(33.33%) have moderately ill being and none have good sense of wellbeing.

- b) **Comparison of pre-test and posttest level of subjective well being among samples in experimental and control group.**

Table-4.3:

Frequency and Percentage distribution of samples according to their pre-posttest scores on level of subjective wellbeing in Experimental and control group.

Level of Subjective wellbeing	Pre test				Post test			
	Experimental group n = 30		Control group n = 30		Experimental group n = 30		Control group n = 30	
	f	%	f	%	f	%	f	%
ill-being	19	63.33	20	66.67	6	20	20	66.67
Moderately ill being	11	36.67	10	33.33	16	53.33	10	33.33
Good sense of wellbeing	0	0	0	0	8	26.67	0	0

The above table shows that during pretest, in experimental group, 19 (63.33%) samples have ill being, 11(36.67%) have moderately ill being. In control group, 20(66.67%) have ill being, 10(33.33%) have moderately ill being and none of the samples in both experimental and control group have good sense of wellbeing

The above table shows during posttest, in experimental group 6(20%) have ill being, 16(53.33%) have moderately ill being and 8(26.67%) have good sense of wellbeing. In control group, 20(66.67%) have ill being, 10(33.33%) have moderately ill being and none of them have good sense of wellbeing.

c) Comparison of Mean, SD, Mean percentage and differences in mean percentage of pre test and post test in experimental and control group regarding the level of subjective wellbeing of older adults

Table 4.4:

Area wise Mean, SD, Mean percentage and differences in mean percentage of pre test and post test in experimental and control group regarding the subjective wellbeing of older adults.

n=60

Group	Pretest			Posttest			Mean Difference
	Mean	SD	Mean %	Mean	SD	Mean %	
Experimental Group	50.77	9.17	42.31	72.23	13.42	60.19	21.46
Control group	58.03	8.23	48.35	58.73	8.27	48.94	0.59

The above table shows that, in experimental group, the pre test mean score is 50.77 ± 9.17 which is 42.31% and post test mean score is 72.23 ± 13.42 which is 60.19% with mean difference of 21.46.

In control group during the pre test the mean score is 58.03 ± 8.23 which is 48.35% and post test mean score is 58.73 ± 8.27 which is 48.94% with the mean difference of 0.59.

Section - D

Hypothesis Testing

a) Effectiveness of AUM meditation on the Level of subjective wellbeing among older adults in Experimental group.

Table 4.5:

Mean, SD, Mean Difference and paired-‘t’ value on level of subjective wellbeing among older adults in selected old age home in experimental group before and after Intervention.

n=30

S. No	Experimental Group	Mean	SD	Mean difference	Df	‘t’ value
1.	Pre test	50.77	9.17	21.46	28	17.74*
2.	Post test	72.23	13.42			

Table value $t=2.05$, * Significant at $p \leq 0.05$ level.

The above table shows that, the mean score on level of subjective wellbeing among older adults in experimental group before intervention is 50.77 ± 9.17 and after intervention is 72.23 ± 13.42 with a mean difference of 21.46. The estimated paired-‘t’ value 17.74 is significantly higher than the table value 2.05 at $p \leq 0.05$ level. It shows that AUM meditation was effective in promoting the level of subjective wellbeing among older adults. Hence the research hypothesis(H_1) is retained at $p \leq 0.05$ level.

b) Effectiveness of AUM meditation on the Level of subjective wellbeing among older adults in Experimental and control group.

Table 4.6:

Mean, SD and Independent-‘t’ value on level of subjective wellbeing among older adults in experimental and control group after Intervention.

n=60

S. No	Group	Mean	SD	Mean difference	df	‘t’ value
1.	Experimental group	72.23	13.42	13.5	58	4.90
2.	Control group	58.73	8.27			

Table value $t=2.75$, * Significant at $p \leq 0.01$ level.

The above table shows that, the mean post test score on level of subjective wellbeing among older adults in experimental group is 72.23 ± 13.42 and in control group is 58.73 ± 8.27 with a mean difference of 13.5. The estimated ‘t’ value is 4.90 which is highly significant at $p \leq 0.01$ level. It shows that AUM meditation was effective in improving subjective wellbeing among older adults. Hence the research hypothesis H_2 is retained.

c) Association between the pre-test level of subjective wellbeing and their Selected Demographic Variables in Experimental and Control Group.

Table 4.7:

Chi-square test on the pre test level of subjective wellbeing among older adults and their Demographic Variables in experimental group.

n=30

S. No	Demographic Variables	Experimental Group		
		df	χ^2	Table Value
1.	Age	2	.22	5.99
2.	Gender	2	0.93	5.99
3.	Marital status.	4	0.14	9.49
4.	Duration of stay in old age home	4	1.76	9.49
5.	Hobbies	2	1.91	5.99
6.	Sources of income	6	4.42	12.59
7.	Medical illness	2	6.80*	5.99
8.	Mode of entry in old age home	4	1.59	9.49
9.	Frequency of visit by family members	4	9.94	9.49
10.	No. of children	4	7.668	9.49

***Significant at $p \leq 0.05$ level.**

The above table reveals that, there is significant association between the level of subjective well being among older adults and their medical illness at $p \leq 0.05$ level in experimental group. Hence hypothesis H_3 is retained for the above mentioned demographic variables at $p \leq 0.05$ level.

Table 4.8:

Chi-square test on the pre test level of subjective wellbeing among older adults and their Demographic Variables in control group.

n=30

S. No	Demographic Variables	Control Group		
		df	χ^2	Table Value
1.	Age	2	1.71	5.99
2.	Gender	2	0.05	5.99
3.	Marital status	4	2.5	9.49
4.	Duration of stay in old age home	4	0.88	9.49
5.	Hobbies	2	1.70	5.99
6.	Sources of income	6	0.72	12.59
7.	Medical illness	2	0.05	5.99
8.	Mode of entry in old age home	4	0.36	9.49
9.	Frequency of visit by family members	4	0.13	9.49
10.	No. of children	4	0.13	9.49

***Significant at $p \leq 0.05$ level.**

The above table reveals that, there is no significant association between the level of subjective well being among older adults and their selected demographic variables in control group. Hence hypothesis H_3 is rejected for above mentioned demographic variables at $p \leq 0.05$ level.

Summary

This chapter dealt with data analysis and interpretation in the form of statistical value based on the objectives, 't' test was used to evaluate the effectiveness of AUM meditation on subjective wellbeing. Chi square test was used to find out the association between the level of subjective wellbeing among samples with their demographic variables in experimental and control group.

CHAPTER – V

DISCUSSION

This study was conducted to evaluate the effectiveness of AUM Meditation on subjective wellbeing among older adults at selected old age homes, Salem.

Demographic Profile of the Samples

In experimental group, 18(60%) older adults were in the age group of 60-70 years, 19(63.33%) were females, 12(40%) older adults were married, 14(46.67) were staying for more than 3year in old age home, 21 (70%) older adults were involved in hobbies, 16(53.33%) older adults were receiving income from family members, 16(53.33%) older adults were experiencing medical illness, 21(70%) were voluntarily joined in old age home, 14(46.67%) of them had visitor occasionally and 18(60%) of them had more than two children .

In control group, 18(60%) older adults were in the age group of 60-70 years , 16(53.33%) were females, 12(40%) of them were separated/divorced, 12(40%) were staying between 1-3year in old age home, 17(56.67%) older adults had hobbies , 16(53.33%) had income from family members, 16(53.33%) of them had no medical illness, 19(63.33%) of them were voluntarily joined in old age home, 19(63.33%) of them had visitors occasionally, 16(53.33%) older adults had more than two children .

The first objective of the study is to assess level of subjective wellbeing among older adults in experimental and control group

During pretest, in experimental group 19 (63.33%) older adults were falling into ill being, 11(36.67%) of them were moderately ill being and none of them had good sense of wellbeing. In control group, 20(66.67%) had ill being, 10(33.33%) had moderately ill being and none had good sense of wellbeing.

Joia LC, et.al., (2009) conducted a descriptive study on life satisfaction and subjective wellbeing among elderly population in the city of Botucatu, Southern Brazil. Three hundred and sixty-five older persons were selected by means of random stratified proportional sampling and were interviewed. The instrument used for the study was a combination of Flanagan and Nahas questionnaires and WHOQOL-100. The level of life satisfaction was measured with the help of a scale from one to seven by means of visual recognition. Hierarchical logistic regression analysis was used for analysing the data. The result shows that life satisfaction and level of subjective wellbeing was decreased to 35% ($p \leq 0.01$) in terms of life satisfaction and subjective wellbeing among elderly people.

So it indicates that low level of subjective wellbeing is common among older adults in old age home and they require some innovative measures, to enhance the level of subjective wellbeing.

The second objective of the study was to evaluate the effectiveness of AUM meditation on subjective wellbeing among older adults in experimental group.

During the pre-test, the mean score on level of subjective wellbeing among older adults in experimental group before intervention was 50.77 ± 9.17 and after intervention was 72.23 ± 13.42 with a mean difference of 21.46. The estimated paired-‘t’ value 17.74 is significantly higher than the table value 2.05 at $p \leq 0.05$ level.

Tang, et.al., (2013) A quasi-experimental study was conducted on the effectiveness of AUM meditation on Subjective Well-being of Older Persons Living in Nursing Homes. A pre test post test control group design was adopted for the study. Three-hundred-ninety-six older residents were recruited from 10 nursing homes run by non-governmental organizations in Hong Kong. The average age of the older residents was 65 years. Five nursing homes were randomized to the

experimental group with AUM meditation (n = 225, age = 65years); the other five nursing homes were randomized to the control group without the AUM meditation (n = 171, age = 65years). AUM meditation training program was given for four-week by a yoga therapist. At the end of session, pamphlets with pictures illustrating the "meditation of the day" were given to the older residents of nursing homes as a tool to enhance their self-management skills. The control group received no training during the four weeks. Result was calculated by SPSS analysis. The results shows that the experimental group experienced a significantly greater level of subjective wellbeing from 2.67 ± 2.08 to 4.19 ± 2.25 as compared to the control group ($p \leq .05$ level)

The third objective of the study was to associate subjective wellbeing among older adults in experimental and control group with their selected demographic variables.

There was significant association between the level of subjective well being among older adults and their medical illness in experimental group at $p \leq 0.05$ level and no significant association between the level of subjective wellbeing among older adults and other selected demographic variables.

Wikman, et.al., (2011) conducted a cross-sectional population based study on quality of life and subjective well-being among older people with chronic medical illnesses. The main objective of this study was to compare general Quality Of Life and subjective well-being in older people with eight chronic illnesses. The study was conducted in Spain. This cross-sectional study involved 11,523 individuals aged 60 years and older, taking part in wave 1 of the English Longitudinal Study of Ageing. General Quality Of Life was assessed using the CASP-19, happiness was evaluated by the use of two items drawn from the GHQ-12, and depression was measured with the CES-D. Analysis of covariance and logistic regression, adjusting for age, gender

and wealth, were performed. The study was conducted in Spain. The result shows that general QOL (Quality of life) and subjective wellbeing was most impaired in people with medical illness like stroke (mean 37.56, CI 36.73-38.39) cancer (mean 41.78, CI 41.12-42.44) diabetes (mean 3.81, CI 3.76-3.86), chronic lung disease (mean 3.04, CI 2.56-3.61), and osteoarthritis (mean 2.08, CI 1.84-2.34) Depression (mean 44.15, CI 43.92-44.39) Researcher concluded that Quality Of Life and subjective wellbeing was impaired in older people with chronic illness. .

Hence the present study states that there is a significant association between medical illness and level of subjective wellbeing. So it could be interpreted that medical illness have association with level of subjective wellbeing among older adults.

Summary

This chapter dealt with the discussion of the study in reference to the objectives and supportive studies. All the three objectives have been obtained and three hypotheses was retained in this study.

CHAPTER -VI

SUMMARY, CONCLUSION, IMPLICATION AND RECOMMENDATIONS

This chapter consists of Summary, Conclusion, Implication to nursing service, Nursing education, Nursing administration, Nursing research, and Recommendations for further study.

Summary

In this study Quantitative approach with quasi experimental design was chosen to evaluate the effectiveness of AUM meditation on subjective wellbeing among older adult at selected old age homes, Salem. The conceptual framework for this study was based on J.W Kenny's open system model (1990). The tool used in this study consists of two sections. Section one was demographic variables and section two was standardized Subjective well being inventory scale 1992,WHO (self reporting questionnaire) to assess the Subjective well being of older adults. The sampling technique adopted in the study was non probability convenience sampling technique. Data was collected from 60 older adults of old age homes, Salem, Tamil Nadu.

The data were collected and analyzed by using descriptive and inferential statistics. To test the hypothesis, independent 't' test, dependent 't' test and chi square test were used. The level of significance was tested at $p \leq 0.05$.

The Major Findings of the study

- During pretest, in experimental group, 19 (63.33%) had ill being, 11(36.67%) had moderately ill being. In control group, 20(66.67%) had ill being, 10(33.33%) had moderately ill being
- During posttest, in experimental group 6(20%) had ill being, 16(53.33%) had moderately ill being and 8(26.67%) of them had good sense of wellbeing. In control group, 20(66.67%) had ill being, 10(33.33%) had moderately ill being.

- In experimental group, the pre test mean score was 50.77 ± 9.17 and post score mean score was 72.23 ± 13.42 with the mean difference of 21.46, In control group, during pre test mean score was 58.36 ± 8.23 and post score mean score was 58.73 ± 8.27 with the mean difference of 0.59.
- The mean score on level of subjective wellbeing among older adults in experimental group before intervention was 50.77 ± 9.17 and after intervention was 72.23 ± 13.42 with a mean difference of 21.46. The estimated paired-‘t’ value was 17.74 is significantly higher than the table value 2.05 at $p \leq 0.05$ level. It shows that the AUM meditation was effective in promoting the subjective wellbeing among older adults. Hence the research hypothesis (H_1) was retained at $p \leq 0.05$ level.
- The mean post test score on subjective wellbeing among older adults in experimental group was 72.23 ± 13.42 and in control group it was 58.73 ± 8.27 with a mean difference of 13.5. The estimated ‘t’ value was 4.90 which was highly significant at $p \leq 0.01$ level. It shows that the AUM meditation was effective in improving subjective wellbeing among older adults. Hence the research hypothesis H_2 is retained.
- There is a significant association between the pre test of subjective well being among older adults and with the Medical illness in experimental group at $p \leq 0.05$ level. Hence hypothesis H_3 is retained for above mentioned demographic variables at $p \leq 0.05$ level. There is no significant association between subjective well being among older adults and their selected demographic variables in control group. Hence hypothesis H_3 is rejected for demographic variables in control group.

Conclusion:

The study was conducted to evaluate the effectiveness of AUM meditation on subjective well being among older adults at selected old age homes, Salem. The study finding showed that AUM meditation was effective in improving the subjective wellbeing among older adults. There is a significant association found between the level of subjective wellbeing among older adults with their selected demographic variables. This study intervention would help the older adults to lead healthy life with happiness ,develop emotional awareness and reduce the negative thinking.

Implications:

The findings of the study have implications in different aspects of nursing. i.e., nursing practice, nursing education, nursing administration and nursing research.

Nursing Service:**Nursing practice:**

- In hospital setup, nurses can teach AUM meditation and yoga to older adults in case of long hospital stay.
- Nurses can conduct programme as therapist in different setup like nursing homes on AUM meditation so that all the older adults can be benefited from it. And that it will help them to have happiness in themselves and reduce stress of their life situation.
- Nurses can conduct programme on AUM meditation for God realization and other relaxation techniques for older adults to improve the concentration
- Student nurses can disseminate information on AUM meditation among older adults.

Nursing education:

- Nurse educator can encourage the students to conduct health teaching sessions on various relaxation techniques.
- Staff development programme need to be arranged, so that the nurse educator can encourage the students to practice AUM meditation.
- Nurse educator can make available literature regarding AUM meditation in library for the reference.
- Nurses can make their own arrangement to practice AUM meditation.

Nursing Administration:

- The nurse administrator need to coordinate her activity along with the older adults by participating, practicing and supervising the AUM meditation carried out by them
- Nursing administrator can organize in-service education programme regarding the effectiveness of AUM meditation on subjective wellbeing for staff nurses.

Nursing Research:

- Nursing research is to be done to find out the various innovative methods to improve the subjective wellbeing.
- The findings of the study would help to expand the scientific body of professional knowledge upon which further research can be conducted.

Recommendations

- Similar study can be conducted as comparative study between elderly male client and female client in different settings.
- Similar study can be conducted as comparative study between older adults in old age homes and older adults residing with their family.

- A study can be conducted with large sample size to generalize the results of the study.
- A similar study can be conducted to different population like older adults in community setup.
- The study can be carried out longitudinally.

Summary

This chapter dealt with the summary, conclusion, implications and recommendations.

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ANNEXURE – A

LETTER SEEKING PERMISSION TO CONDUCT A RESEARCH PROJECT

From

Mrs..Dhanya. T.Pillai

II Year M.Sc., (N)

Sri Gokulam College of Nursing,

Salem, Tamil Nadu.

To

The Principal,

Sri Gokulam College of Nursing,

Salem, Tamil Nadu.

Respected Sir/Madam,

Sub: Permission to conduct research project - request- reg.

I, **Mrs.Dhanya.T.Pillai** II Year M.Sc., (Nursing) student of Sri Gokulam College of Nursing, is to conduct a research project which is to be submitted to The Tamil Nadu Dr. M.G.R. Medical University, Chennai in partial fulfilment for the award of M.Sc. (Nursing) Degree.

Topic: “A study to evaluate the Effectiveness of AUM Meditation on Subjective Wellbeing among older adult at selected Old Age Homes, Salem”.

I request you to kindly do the needful.

Thanking you.

Date : 20.07.2014

Yours sincerely,

Place : Salem

(Mrs.Dhanya.T.Pillai)

ANNEXURE - B

LETTER GRANTING PERMISSION TO CONDUCT A RESEARCH STUDY



SRI GOKULAM COLLEGE OF NURSING

3/836, Periyakalam, Neikkarapatti, Salem - 636 010.

Phone : 0427 - 6544550, 2272240, 2272250 Fax : 0427 - 2270200, 2447077

Email : sgcon2001@yahoo.com, sgcon2001@gmail.com

Date :

LETTER REQUESTING PERMISSION TO CONDUCT A RESEARCH STUDY

To

The Manager,

Vallalar Old Age Home,

Salem, Tamil Nadu.

Respected Sir/Madam,

Sub: Permission to conduct research project - request- reg.

This is to introduce Mrs.Dhanya.T.Pillai, Final Year M.Sc. (Nursing) student of Sri Gokulam College of Nursing. She is to conduct a research project which is to be submitted to "The Tamil Nadu Dr. M.G.R. Medical University, Chennai" as partial fulfillment of university requirement for the award of M.Sc. (Nursing) Degree.

Topic: "A Study to evaluate the Effectiveness of AUM meditation on subjective wellbeing among older adults at selected old age home, Salem".

I request you to kindly permit her to conduct the research study in your esteemed Institution. She will adhere to the policies and regulations of the Institution.

Thanking you,

Date :

Place : Salem

Thiruvartuprakasa Vallalar
Foundation.
Managing Trustee
4/8/14

Yours Sincerely,

(Dr.K.Tamizharasi)

PRINCIPAL
Sri Gokulam College of Nursing
SALEM - 636 010.



SRI GOKULAM COLLEGE OF NURSING

3/836, Periyakalam, Neikkarapatti, Salem - 636 010.

Phone : 0427 - 6544550, 2272240, 2272250 Fax : 0427 - 2270200, 2447077

Email : sgcon2001@yahoo.com, sgcon2001@gmail.com

Date :

LETTER REQUESTING PERMISSION TO CONDUCT A RESEARCH STUDY

To

The Manager,
Tambaras Old Age Home,
Salem, Tamil Nadu.

Respected Sir/Madam,

Sub: Permission to conduct research project - request- reg.

This is to introduce **Mrs.Dhanya.T.Pillai**, Final Year M.Sc. (Nursing) student of Sri Gokulam College of Nursing. She is to conduct a research project which is to be submitted to "The Tamil Nadu Dr. M.G.R. Medical University, Chennai" as partial fulfillment of university requirement for the award of M.Sc. (Nursing) Degree.

Topic: "A Study to evaluate the Effectiveness of AUM meditation on subjective wellbeing among older adults at selected old age home, Salem".

I request you to kindly permit her to conduct the research study in your esteemed Institution. She will adhere to the policies and regulations of the Institution.

Thanking you,

Date :

Place : Salem

Yes - Permitted

For TAMBRAS OLDAGE HOME
[Signature]
3/9/14
Trustee / Manager

Yours Sincerely,

[Signature]

(Dr.K.Tamizharasi)

PRINCIPAL

Sri Gokulam College of Nursing
SALEM - 636 010.

ANNEXURE - C
LETTER REQUESTING OPINION AND SUGGESTIONS OF EXPERTS
FOR CONTENT VALIDITY OF THE RESEARCH TOOL

From,

Mrs.Dhanya.T.Pillai
Final year M.Sc. (N),
Sri Gokulam College of Nursing,
Salem, Tamil Nadu.

To,

(Through proper channel)

Respected Sir/ Madam,

**Sub: Requesting opinion and suggestions of expert for establishing
content validity of the tool.**

I, Mrs.DHANYA.T.PILLAI., final year M.Sc. (Nursing) student of Sri Gokulam College of Nursing, Salem, have selected the below mentioned Statement of the Problem for the research study to be submitted to The Tamil Nadu Dr. M.G.R. Medical University, Chennai as partial fulfillment for the award of Master Of Science in Nursing.

Topic: “A study to evaluate the effectiveness of AUM Meditation on subjective wellbeing among older adult at selected old age homes, Salem.”

I request you kindly validate the tool developed for the study and give your expert opinion and suggestion for necessary modifications.

Thanking you.

Place: Salem

Yours sincerely,

Date :

(Mrs.DHANYA.T.PILLAI)

ANNEXURE - D

TOOL FOR DATA COLLECTION

SECTION- A: DEMOGRAPHIC DATA

SAMPLE NO:.....

1) Age in years.

a) 60-70years

b) >70 years

2) Gender

a) Male.

b) Female.

3) Marital status.

a) Married.

b) Separated\ Divorced.

c) Widow\Widower

4) Duration of stay in old age home

a) Less than 1 year

b) 1-3 years

c) More than 3 years

5) Hobbies.

a) Yes.

b) No.

c) If yes, Specify.....

6) Sources of income

- a) Pension
- b) Family Members/Relatives
- c) Friends
- d) Other sources

7) Medical illness

- a) Yes
- b) No
- c) If yes, Specify.....

8) Mode of entry in old age home

- a) Voluntary
- b) Brought by force
- c) Others

9) Frequency of visit by family members

- a) Never
- b) Occasionally
- c) Often

10) No. of children

- a) 1
- b) 2
- c) More than 2

SECTION - B
SUBJECTIVE WELL-BEING INVENTORY

Instructions:

People are different. They live in a variety of situations and they do not feel the same way about life and the world around them. From a practical viewpoint, it is important to know how different persons feel with regard to their day to day concerns like their health or family. Such knowledge is necessary if an improvement in the quality of life of people is to be brought about.

This is a questionnaire on how you feel about some aspects of your life. Each question may be answered by one of the given categories by putting a circle around the number which seems to represent your feeling best. For example, in the first question, if you feel that your life is very interesting, please put a circle around the response '1'. At times you may find that your feeling is not represented perfectly by any of the given response categories. In such cases, just choose the one closest to that you think.

All information given by you will be treated as confidential and will be used only for research purposes.

1. Do you feel your life is interesting?

- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |

2. Do you think you have achieved the standard of living and the social status that you had expected?

- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |

3. How do you feel about the extent to which you have achieved success and are getting ahead?

Very good 1

Quite good 2

Not so good 3

4. Do you normally accomplish what you want to?

Most of the time 1

Sometimes 2

Hardly ever 3

5. Compared with the past, do you feel your present life is:

Very happy 1

Quite happy 2

Not so happy 3

6. On the whole, how happy are you with the things you have been doing in recent years?

Very happy 1

Quite happy 2

Not so happy 3

7. Do you feel you can manage situations even when they do not turn out as expected?

Most of the time 1

Sometimes 2

Hardly ever 3

8. Do you feel confident that in the case of a crisis (any thing which substantially upsets your life situation) you will be able to cope with it/face it boldly?

Very much 1

To some extent 2

Not so much 3

9. The way things are going now do you feel confident in coping with the future?

Very much 1

To some extent 2

Not so much 3

11. Do you sometimes experience moments of intense happiness almost like a kind of ecstasy or bliss?

Quite often 1

Sometimes 2

Hardly ever 3

12. Do you sometimes experience a joyful feeling of being part of mankind as of one large family?

Quite often 1

Sometimes 2

Hardly ever 3

13. Do you feel confident that relatives and/or friends will help you out if there is an emergency, e.g. if you lose what you have by fire or theft?

Very much 1

To some extent 2

Not so much 3

14. How do you feel about the relationship you and your children have?

- | | |
|----------------|---|
| Very good | 1 |
| Quite good | 2 |
| Not so good | 3 |
| Not applicable | 4 |

15. Do you feel confident that relatives and/or friends will look after you if you are severely ill or meet with an accident?

- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |

16. Do you get easily upset if things don't turn out as expected?

- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |

17. Do you sometimes feel sad without reason?

- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |

18. Do you feel too easily irritated, too sensitive?

- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |

19. Do you feel disturbed by feelings of anxiety and tension?

- | | |
|------------------|---|
| Most of the time | 1 |
| Sometimes | 2 |
| Hardly ever | 3 |

20. Do you consider it a problem for you that you sometimes lose your temper over minor things?

Very much 1

To some extent 2

Not so much 3

21. Do you consider your family a source of help to you in finding solutions to most of the problems you have?

Very much 1

To some extent 2

Not so much 3

22. Do you think that most of the members of your family feel closely attached to one another?

Very much 1

To some extent 2

Not so much 3

23. Do you think you would be looked after well by your family in case you were seriously ill?

Very much 1

To some extent 2

Not so much 3

24. Do you feel your life is boring/uninteresting?

Very much 1

To some extent 2

Not so much 3

25. Do you worry about your future?

Very much	1
To some extent	2
Not so much	3

26. Do you feel your life is useless?

Very much	1
To some extent	2
Not so much	3

27. Do you sometimes worry about the relationship you and your wife/husband have?

Very much	1
To some extent	2
Not so much	3
Not applicable	4

28. Do you feel your friends/relatives would help you out if you were in need?

Very much	1
To some extent	2
Not so much	3

29. Do you sometimes worry about the relationship you and your children have?

Very much	1
To some extent	2
Not so much	3
Not applicable	4

30. Do you feel that minor things upset you more than necessary?

Very much	1
To some extent	2
Not so much	3

31. Do you get easily upset if you are criticized?
- | | |
|------------------|---|
| Most of the time | 1 |
| Sometimes | 2 |
| Hardly ever | 3 |
32. Would you wish to have more friends than you actually have?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
33. Do you sometimes feel that you miss a real close friend?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
34. Do you sometimes worry about your health?
- | | |
|----------------|---|
| Very much | 1 |
| To some extent | 2 |
| Not so much | 3 |
35. Do you suffer from pains in various parts of your body?
- | | |
|------------------|---|
| Most of the time | 1 |
| Sometimes | 2 |
| Hardly ever | 3 |
36. Are you disturbed by palpitations/a thumping heart?
- | | |
|------------------|---|
| Most of the time | 1 |
| Sometimes | 2 |
| Hardly ever | 3 |

37. Are you disturbed by a feeling of giddiness?

Most of the time 1

Sometimes 2

Hardly ever 3

38. Do you feel you get tired too easily?

Most of the time 1

Sometimes 2

Hardly ever 3

39. Are you troubled by disturbed sleep?

Most of the time 1

Sometimes 2

Hardly ever 3

40. Do you sometimes worry that you do not have close personal relationship with other people?

Very much 1

To some extent 2

Not so much 3

Scoring key for subjective wellbeing

Category	Score
Ill being	40-60
Moderately ill being	61-80
Good sense of well being	81-120

AUM MEDITATION

The AUM is known to be the symbol of absoluteness. The AUM is a sacred symbol that represents all aspects of God. It has many names like that of Amin or Amen and OM.

AUM chanting is a potent tonic which increases the efficiency of the human organism in a profound manner. The repetition of AUM leads to excellent mental and physical health.

AUM is the primordial sound from which the whole universe was created. AUM, also called the Pranava, is the original Word of Power.

The AUM Meditation is a tremendously powerful tool of God realization. Through absorption in AUM, we soon come to realize that the AUM is the bridge between human consciousness and Cosmic Consciousness.

Psychological Benefits:

- ❖ The main aim of the AUM is to develop emotional awareness through expressing and exploring feelings.
- ❖ Cleaning out negative emotions such as anger and sorrow opens your heart and makes space for more happiness and love in your life and improve subjective wellbeing.
- ❖ Getting back into increases in self-confidence, increase our creativity, and to help us continue to deepen our deep relation with God.
- ❖ Become a master of one's emotions and master of own life.
- ❖ The vibration of AUM Meditation that it creates give a sense of positivity to one's life. This meditation bring in self-realization and a feeling of oneness with the lord.
- ❖ It help to be as the key to respond consciously in any given situation instead of being a victim of emotional reactive behaviour.
- ❖ AUM Meditation make us to feel more balanced and live our life more totally with life satisfaction

Physical Benefits:

- ❖ The AUM meditation is a highly active meditation which involves whole body.
- ❖ It improves the vitality and physical fitness.
- ❖ Reduce physical tension in the muscles and spine
- ❖ Through the exercises you lose weight, beautify your skin, and become more radiant and glowing.
- ❖ This also help to improve concentration after chanting AUM meditation
- ❖ It improves the production of feel good endorphins thus making feel refreshed and relaxed.

Health Benefits:

- ❖ By expressing repressed emotions we will free our body and prevent illnesses like cancer, strokes and stomach ulcers.
- ❖ Stress will be reduced, our blood pressure will be more balanced and you detoxify your body.
- ❖ It helps boost our immune system and increase our capacity to heal yourself.
- ❖ Meditation slows down the heartbeats and respiration but keep dilating the blood vessels to provide more oxygen in the body. While chanting AUM meditation the first alphabet 'A' creates the spinal cord and increase its efficiency.
- ❖ The alphabets second 'u' create vibration in chest and alphabets third 'M' create vibration in brain.

Spiritual Benefits:

- ❖ The more often we do the AUM we will learn how to witness our emotions and feelings.
- ❖ This will deepen our meditation and clear the space for silence and inner peace.
- ❖ We will see our mind more clearly and gain an increased sense of mastering our mental faculties

Social Benefits:

- ❖ Since the AUM is a social meditation we will be connecting with others, and learn from them.
- ❖ Doing the AUM with your friends gives the chance to clear out negativity, have fun and share our heart with socialization.

PROCEDURES FOR AUM MEDITATION

- 7) Sit on hard flat floor under mat and asked to warm up by rubbing hands.(2mts)
- 8) Close eyes and take deep breaths.(3mts)
- 9) Keep 'Chin Mudra'(closing of thumb finger and index finger and opening of all other finger) and concentrate on sound 'aaa' which creates vibration and affects the abdomen.(5mts)
- 10) Keep 'Chinnmaya Mudra'(closing of thumb finger and index finger and closing of all other finger) and concentrate on second pronunciation of "ooo" creates vibrations in the heart.(5mt)
- 11) Keep 'Adi Mudra'(keeping of thumb finger on palm and closing of all other fingers) and concentrate on last pronunciation of "mmm" brings vibrations to the brain centers, as a result of which, the efficiency of the brain increases (5mt)

ANNEXURE - E

CERTIFICATE OF TRAINING



SALEM SCIENTIFIC YOGA RESEARCH INSTITUTE

(Run by : LAXMI CHARITABLE TRUST)

Regd. Head Office : 88/0-8th, East St., Kannan Kadu, Hasthampatty, Salem - 636007.

E-mail : salemsyri@gmail.com.

Cell No. : 94430-01318, 96989-83001 - Ph : 0427 2414440

Yoga Kalanithi, yoga kalai Suriyan.

Date:

A.N. ANANTAMURUGAN, M.A., M.Acu., M.Sc. (yoga) B.P.Ed., NIS (Yoga) P.G.D.Y., D.Y.Sc.Ed., C.F.C., Ph.D., (Yoga)
FOUNDER

MANAGING TRUSTEE :

N. PUGAL SELVARAJ, M.Sc., M.Ed., M.P.Ed., M.Phil., P.G.D.Y.

TO WHOM SOEVER ITMAY CONCERN

This is to certify that Mrs. DHANYA.T.PILLAI has undergone the training for AUM MEDITATION for 15 days and now she is eligible to give training on AUM MEDITATION.



A.N. Anantamurugan
11/7/14
Dr. A. N. ANANTAMURUGAN, Ph.d.(Yog.)
M.D.(Acu) M.A. M.Sc. B.Ed. B.P.Ed. NIS (YOGA) P.G.D.Y. D.Y.Sc.Ed. C.F.C.
SCIENTIFIC YOGA RESEARCH & FITNESS CENTRE
106, Omalur Main Road, Meenakshi Complex,
Near Annapark, SALEM-636 007.

Yoga Center : 106, Meenakshi Complex, Near Anna Park, Omalur Main Road, Salem - 636 007.

ANNEXURE- F

CERTIFICATE OF VALIDATION

This is to certify that the tool developed by **Mrs Dhanya.T.Pillai.**, Final year M.Sc Nursing student of Sri Gokulam College of Nursing, Salem (Affiliated to The Tamil Nadu Dr. M.G.R Medical University) is validated and can proceed with this tool and content for the main study entitled **“A study to evaluate the effectiveness of Aum meditation on subjective well being among older adults at selected old age homes, Salem.”**

Signature with Date

ANNEXURE - G
LIST OF EXPERTS

1. **Dr.C.Babu.MD,**
Consultant Psychiatrist
Specialist in Deaddition and Child Psychiatry
Sri Gokulam Hospital, Salem.
2. **Dr. Babu Rangarajan, M.Sc(Psy), M.Phil (Child.Psy)., PGDM (CPG), IDGC.,**
Child & Clinical Psychologist,
Neuro foundation,
Salem.
3. **Mr. P.Selva Raj, M.Sc. (N)**
HOD, Psychiatric Nursing Dept,
Shanmuga College of Nursing,
Salem.
4. **Mrs.Lalitha M.Sc (N),**
Vice Principal
Konganadu college of Nursing
Coimbatore
5. **Mrs. Devi Arul. M.Sc (N),**
Associate Professor,
Mental Health nursing,
Shamuga College of Nursing,
Salem.
6. **Mrs. Nuziba Begum**
Associate Professor,
Mental Health nursing
Sri Ramakrishna College of Nursing
Coimbatore.
7. **Mrs. Naga Nandhini, M.Sc (N),**
Associate Professor,
Mental Health nursing,
Vinayaka Missions College of Nursing, Salem
8. **Dr.A.N.Ananthamurugan, Ph.D., (Yoga).,**
Scientific Yoga Research & Fitness Centre,
106, Omalur Main Road, Meenakshi Complex,

Anna Park, Salem – 636007.

CERTIFICATE OF VALIDATION

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CBM
23/6/14

Signature with Date

Dr. C. EABU, MD(NIMHANS),
Consultant Psychiatrist,
KMC Reg. No: 89733
SRI GOKULAM HOSPITAL,
3/60, Meyyanur Road,
SALEM-4

CERTIFICATE OF VALIDATION

This is to certify that the tool and content developed by **Mrs.Dhanya.T.Pillai**, final year M.Sc. Nursing student of Sri Gokulam College of Nursing, Salem (affiliated to The Tamil Nadu Dr. M.G.R. Medical University) is validated and can proceed with this tool and content for the main study entitled “**A Study to Evaluate the Effectiveness of AUM meditation on subjective wellbeing among older adults at selected old age home, Salem.**”

Signature with Date

R. R. 24/10/2014

Dr. BABU RANGARAJAN

M.Sc(Psy). M.Phil (Psy) (Chi. Psy).,
PGDPM (CPC)., IDGC (NCERT, New Delhi)

Child & Clinical Psychologist

மனோதத்துவ நுபுணர் Rcl. CRR No: A 19151.

CERTIFICATE OF VALIDATION

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Signature with Date

30/6/14

P. SELVARAJ
Associate Professor
Shanmuga college of
nursing
Salem-7

✓ Head of the Department
Dept. of Mental Health Nursing,
Shanmuga College of Nursing,
Salem - 636 007.

CERTIFICATE OF VALIDATION

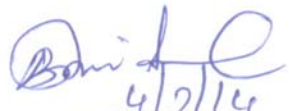

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Signature with Date


04/09/14.
(Lelitha.P)

CERTIFICATE OF VALIDATION

This is to certify that the tool and content developed by **Mrs.Dhanya.T.Pillai**, final year M.Sc. Nursing student of Sri Gokulam College of Nursing, Salem (affiliated to The Tamil Nadu Dr. M.G.R. Medical University) is validated and can proceed with this tool and content for the main study entitled **“A Study to Evaluate the Effectiveness of AUM meditation on subjective wellbeing among older adults at selected old age home, Salem.”**


Signature with Date 4/2/14


CERTIFICATE OF VALIDATION


This is to certify that the tool and content developed by **Mrs.Dhanya.T.Pillai**, final year M.Sc. Nursing student of Sri Gokulam College of Nursing, Salem (affiliated to The Tamil Nadu Dr. M.G.R. Medical University) is validated and can proceed with this tool and content for the main study entitled “**A Study to Evaluate the Effectiveness of AUM meditation on subjective wellbeing among older adults at selected old age home, Salem.**”



[Signature]
Signature with Date
4/8/14

CERTIFICATE OF VALIDATION

This is to certify that the tool and content developed by **Mrs.Dhanya.T.Pillai**, final year M.Sc. Nursing student of Sri Gokulam College of Nursing, Salem (affiliated to The Tamil Nadu Dr. M.G.R. Medical University) is validated and can proceed with this tool and content for the main study entitled **“A Study to Evaluate the Effectiveness of AUM meditation on subjective wellbeing among older adults at selected old age home, Salem.”**


06/12/14
C.R. NAYANANDINI
Signature with Date
Department of Psychiatric Nursing
aka Mission Annapoorana College of Nursing
SALEM TAMILNADU.

CERTIFICATE OF VALIDATION

This is to certify that the tool and content developed by **Mrs.Dhanya.T.Pillai**, final year M.Sc. Nursing student of Sri Gokulam College of Nursing, Salem (affiliated to The Tamil Nadu Dr. M.G.R. Medical University) is validated and can proceed with this tool and content for the main study entitled **“A Study to Evaluate the Effectiveness of AUM meditation on subjective wellbeing among older adults at selected old age home, Salem.”**



A handwritten signature in blue ink, with the date "11/7/14" written next to it.

Signature with Date

Dr. A. N. ANANTAMURUGAN, Ph.d.(Yoga)
J.D(Acu)M.A.,M.Sc.,B.Ed.,P.Ed.,MS(Y)PGD.Y.,D.Y.Sc.,Ed.,C.F.C.,
SCIENTIFIC YOGA RESEARCH & FITNESS CENTRE
106, Omalur Main Road, Meenakshi Complex,
Near Annapark, SALEM-636 007.

CERTIFICATE OF EDITING

Certified that the dissertation paper titled “A study to evaluate the effectiveness of AUM Meditation on subjective wellbeing among older adults at selected old age homes, Salem.” by Mrs.DHANYA T PILLAI . It has been checked for accuracy and correctness of English language usage and that the language used in presenting the paper is lucid, unambiguous free of grammatical or spelling errors and apt for the purpose.

சந்தியூர், சேலம் - 635 202

CERTIFICATE OF EDITING

TO WHOMSOEVER IT MAY CONCERN

Certified that the dissertation paper titled "A study to evaluate the effectiveness of Aum meditation on subjective well being among older adults at selected old age homes, Salem." by Mrs. Dhanya.T.Pillai. It has been checked for accuracy and correctness of Tamil language usage and that the language used in presenting the paper is lucid, unambiguous free of grammatical or spelling errors and apt for the purpose.

*A. Banumathi M.A.B.Ed
P. U. Assst, M.Phil.
St. Paul's H.S.S.,
Salem.*

**St. Paul's Higher Secondary School
SALEM - 636 007**

ANNEXURES - J

PHOTOS



